

# REQUEST FOR CERTIFIED COPY OF VITAL STATISTICS

## BIRTH CERTIFICATE FOR:

Child's Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_

## DEATH CERTIFICATE FOR:

Decedent's Name: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_

## MARRIAGE CERTIFICATE FOR:

Bride's Maiden Name: \_\_\_\_\_  
 Groom's Name \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_  
 Place of Marriage \_\_\_\_\_

### APPLICANT

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your Phone #: \_\_\_\_\_

Indicate your Relationship to the person on the record requested:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney
- Genealogist ID#: \_\_\_\_\_

Number of certified copies requested: \_\_\_\_\_  
 \$15.00 for 1st copy and \$6.00 for each additional copy.

By signing below, I swear/affirm that the information above is true and correct.

Applicant's Signature \_\_\_\_\_  
 Today's Date \_\_\_\_\_

### APPLICANT

Your Name \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your Phone #: \_\_\_\_\_

Indicate your Relationship to the person on the record requested:

- Funeral Director
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney
- Genealogist ID#: \_\_\_\_\_

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ADDITIONAL INFORMATION ON THE BACK OF THIS REQUEST FORM

For Office Use Only: Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

**Proof of identity of applicant:**

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other \_\_\_\_\_

**Establishing eligibility to acquire record:**

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card
- Do not retain copies of proof provided or note any specific numbers**

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