REQUEST FOR CERTIFED COPY OF VITAL STATISTICS

BIRTH CERTIFICATE FOR:

Child's Name _____

Date of Birth: _____

Place of Birth: _____

Mother's Maiden Name: _____

Father's Name: _____

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 _____

DEATH CERTIFICATE FOR:

Decedent's Name: _____

Date of Death: _____

Place of Death: _____

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#: _____

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 _____

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
- ☐ 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 _____

For Office Use Only: *Amount Paid: $* _____ *Date Paid:* _____