



## Vital Record Request Form

Number of Copies Requested: \_\_\_\_\_ Certified\* (\$10.00 each) \_\_\_\_\_ Non-Certified (\$0.25 each) \_\_\_\_\_

**\*YOU MUST PROVIDE A COPY OF YOUR PHOTO ID**

### Birth Certificate

NAME AT BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT'S FULL NAME: \_\_\_\_\_

PARENT'S FULL NAME: \_\_\_\_\_

### Death Certificate

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

### Marriage Certificate

NAME OF SPOUSE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

#### YOUR RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED (check one):

- |                             |  |  |
|-----------------------------|--|--|
| 1. _____ Self               | 5. _____ Parent or Stepparent                                  | 8. _____ Seeking information for legal determination of personal property rights |
| 2. _____ Spouse (current)   | 6. _____ Grandparent or Grandchild                             |  |
| 3. _____ Brother or Sister  | 7. _____ Authorized Agent, Attorney or Legal Rep of the person |  |
| 4. _____ Child or Stepchild |  |  |

**I hereby certify that all the above information is true to the best of my knowledge.**

\_\_\_\_\_  
Name of Person Applying for Certificate

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone Number

**PLEASE DO NOT FORGET TO ATTACH A COPY OF A VALID PHOTO ID**

