

APPLICATION FOR A VITAL RECORD

PLEASE NOTE: PHOTO I.D. WITH ADDRESS OR 2 FORMS OF I.D. ARE REQUIRED TO OBTAIN ANY CERTIFIED RECORD. IN ADDITION, ALL INFORMATION FOR THE SPECIFIC RECORD REQUESTED MUST BE PROVIDED. Acceptable forms of I.D. are: Driver's License with photo, Vehicle Registration, Insurance Card, Voter Registration, Passport, Green Card, Utility Bills & Tax Bills

Name of Applicant (PRINT) - (Name of person applying for certificate)	Date of Application	There is a \$15.00 cash fee (this office does not accept checks).
Current Street Address	Relationship to Person Named in Requested Record (Circle) Self Parent Sibling Spouse Other (Specify)	
	Phone No.	
City	State	Zip Code

Why is certified copy being requested: (Circle)
 School/Sports Social Security Passport Driver's License Welfare
 Other (Specify)

B I R T H	Full Name of Child at Time of Birth
	Place of Birth (City)
	Date of Birth
	Father's Name
	Mother's Maiden Name
	If Child's Name Was Changed, indicate new name

M A R R I A G E	Name of Groom
	Maiden Name of Bride
	Place of Marriage (City)
	Date of Marriage

C U I V I L U N I O N	Name of Partner (A)
	Name of Partner (B)
	Place of Civil Union (City)
	Date of Civil Union

D E A T H	Name of Deceased
	Place of Death (City)
	Date of Death
	Father's Name
	Mother's Maiden Name

Signature of Applicant:

FOR OFFICE USE ONLY: (Indicate form(s) of I.D. provided)