

APPLICATION FOR A NON-GENEALOGICAL  
 CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

<input type="checkbox"/> <i>Certified Copy</i> <input type="checkbox"/> <i>Certified Copy for an Apostille Seal</i> <input type="checkbox"/> <i>Certification</i>	<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	Requestor's Signature
		Date (of request) / /
<b>Name of Requestor</b> First Middle Last Last		<b>Reasons for Request</b> <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
<b>Current Mailing Address (must match address on ID)</b> Street City State Zip Code		
Email Address @ .	Daytime Phone Number ( ) -	

<input type="checkbox"/> <b>BIRTH</b>
<b>Child's Name at Birth</b> First Middle Last <b>No. Requested Copies</b> <b>Place of Birth</b> City State <b>County</b> <b>Date of Birth</b> / /
<b>Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)</b> Parent A First Middle Last Parent B First Middle Last
<b>If Child's name was changed:</b> New Name Describe Change

<input type="checkbox"/> <b>MARRIAGE</b>	<input type="checkbox"/> <b>CIVIL UNION</b>	<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>
<b>No. Requested Copies</b> <b>Place of Event</b> City State <b>County</b> <b>Date of Event</b> / /		
<b>Name of Spouses (name given at birth or on birth certificate / Maiden Name)</b> Spouse A First Middle Last Spouse B First Middle Last		

<input type="checkbox"/> <b>DEATH</b>
<b>Name of Decedent</b> First Middle Last <b>No. Requested Copies</b> <b>Place of Death</b> City State <b>County</b> <b>Date of Death</b> / /
<b>Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)</b> Parent A First Middle Last Parent B First Middle Last

**Have you enclosed and completed all required information?**

- Completed Application
- Payment
- Proof of Relationship
- Acceptable Forms of ID
- Mailing Address Matches ID

<b>FOR STATE USE ONLY</b>			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$	<input type="checkbox"/> ID Viewed	Processed By: