

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>	Requestor's Relationship to Person on Record <i>(proof is required for certified copy)</i>	Requestor's Signature
		Date (of request) / /
Name of Requestor <i>First Middle Last</i>		Reasons for Request <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: _____
Current Mailing Address <i>(must match address on ID)</i> <i>Street City State Zip Code</i>		
Email Address @	Daytime Phone Number () -	

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

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

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

Have you enclosed and completed all required information?

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

FOR STATE USE ONLY			
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: