

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

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification		Requestor's Relationship to Person on Record (proof is required for certified copy)	Requestor's Signature
Name of Requestor <i>First Middle Last</i>		Date (of request) / /	
Current Mailing Address (must match address on ID) <i>Street City State Zip Code</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:	
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 <i>City State</i>	County	Date of Birth / /
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)			
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 <i>City State</i>	County	Date of Event / /
Name of Spouses (name given at birth or on birth certificate / Maiden Name)			
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 <i>City State</i>	County	Date of Death / /
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)			
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: