# Vital Records Request Form

## Birth
- **Full Name of Child:**
- **Date of Birth:**
- **Mother’s Full Maiden Name:**
- **Father’s Full Name:**

## Marriage
- **Full Maiden Name of Each Spouse:**
- **Date of Marriage:**

## Death
- **Full Name of Decedent:**
- **Date of Death:**

**Name of person requesting the record:** ________________________________

**Address:** ____________________________________________________________________

**# of Copies:** ________ ($15 for the 1st copy and $6 for each additional copy)

**Indicate your Relationship to the person on requested record:**
- [ ] Self
- [ ] Spouse
- [ ] Registered Domestic Partner
- [ ] Parent
- [ ] Guardian
- [ ] Descendant
- [ ] Attorney of person on record
- [ ] Genealogist ID # _________________

By signing below, I swear/affirm that the information above is true and correct.

**Applicant Signature:** ______________________________________________________

**Today’s Date:** _______________________

**Establishing eligibility to acquire record:**
- [ ] Related applicants must provide proof of lineage.
- [ ] Domestic Partners must provide proof of registration of domestic partnership.
- [ ] Attorneys must provide a signed, notarized release from family.
- [ ] Genealogists must provide a state-issued card.

**Proof of identity of applicant:**
- **Applicant must either provide one of these:**
  - [ ] Driver’s License
  - [ ] Passport
  - [ ] Government issued picture I.D.

- **OR provide two of these for proof of identity:**
  - [ ] Utility bills
  - [ ] Bank statements
  - [ ] Vehicle registration
  - [ ] Income tax return
  - [ ] Personal Check w/ address
  - [ ] A previously issued vital record
  - [ ] Letter from government agency requesting record (DHHS, WIC)
  - [ ] Department of Corrections I.D. card
  - [ ] Social Security Card
  - [ ] DD 214
  - [ ] Hospital; birth worksheet
  - [ ] License/rental agreement
  - [ ] Pay stub
  - [ ] W-2
  - [ ] Voter Registration card
  - [ ] Disability award from SSA
  - [ ] Other ___________________________

**Note:** Do not retain copies of proof provided or note any specific numbers.

**Below for Clerk Use Only**

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