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 1 st copy and \$6 for each additional copy)				
Indicate your Relationship to the person on requested record below:				
□ Self □ Guardian				
□ Spouse		□ Descendant		
 Registered Domestic Partner Parent 		 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:				

			vide two of these for proof of identity:	
	d applicants must provide proof of lineage.		, ,	
	tic Partners must provide proof of registration estic partnership.		Bank statements Vehicle registration	
	ys must provide a signed, notarized release		Income tax return	
from fa		_	Personal Check w/ address	
🗖 Genea	logists must provide a state-issued card.		A previously issued vital record	
Dreaf of identify of applicants			Letter from government agency requesting record	
Proof of identity of applicant: Applicant must either provide one of these:		_	(DHHS, WIC) Department of Corrections I.D. card	
Driver's			Social Security Card	
			DD 214	
•	ment issued picture I.D.		Hospital; birth worksheet	
			License/rental agreement	
			Pay stub	
			W-2	

<u>NOTE: Do not retain copies of proof provided or</u> note any specific numbers

- Voter Registration cardDisability award from SSA
- □ Other _____

_