

Date Issued _____ Certificate # _____ Cash or Check # _____

Application for Vital Records

Birth Certificate

Number of Copies _____ (\$15.00/copy)

Full Name on Certificate: _____

Also Known As (Indicate if birth could be recorded under another name) _____

Date of Birth: _____ Place of Birth (City, County, State): _____

Hospital: _____ Sex: Female Male Race: _____

Full Name of Father: _____

Full **Maiden** Name of Mother: _____

Death Certificate

Number of Copies _____ (First Copy \$14, Each Additional \$11)

Full Name on Certificate: _____

Date of Death: _____ SEX: Female Male Race: _____

Full Name of Spouse: _____

Full Name of Father: _____

Full **Maiden** Name of Mother: _____

Applicant's Information

Applicant's Name: _____ Phone Number: _____

Applicant's Street Address: _____

Applicant's City/Town: _____ State: _____ Zip: _____

Purpose for Certificate Request: _____

Your relationship to person named on record (if legal guardian, must provide guardianship papers). If Legal Representative, indicate legal relationship. _____

- **Mail-in requests must be notarized. All applications must be signed.**

I _____ do solemnly declare and affirm that I am eligible to receive a certified copy of the vital record(s) requested above and that the information is true under the pains and penalties of perjury.

- **Applicant's Signature** _____ **Date** _____

ID Verification Used: Driver's License Passport Sch., Military, Work Picture ID Other _____

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, THIS _____ DAY OF _____, 20_____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW		

WARNING: False application for a certified copy of a vital record is a crime.