

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

<input type="checkbox"/> <b>Certified Copy</b> <input type="checkbox"/> <b>Certified Copy for an Apostille Seal</b> <input type="checkbox"/> <b>Certification</b>	<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	<b>Requestor's Signature</b>  Date (of request)     /     /
<b>Name of Requestor</b> First _____ Middle _____ Last _____		<b>Reasons for Request</b> <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: _____
<b>Current Mailing Address</b> <i>(must match address on ID)</i> Street _____ City _____ State _____ Zip Code _____		
<b>Email Address</b> _____ @ _____ . _____	<b>Daytime Phone Number</b> (     )     -     _____	

<input type="checkbox"/>	<b>BIRTH</b>						
<b>Child's Name at Birth</b>	First _____ Middle _____ Last _____						
<b>No. Requested Copies</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><b>Place of Birth</b></td> <td style="width:20%;"><b>County</b></td> <td style="width:40%;"><b>Date of Birth</b></td> </tr> <tr> <td>City _____ State _____</td> <td></td> <td>/ /</td> </tr> </table>	<b>Place of Birth</b>	<b>County</b>	<b>Date of Birth</b>	City _____ State _____		/ /
<b>Place of Birth</b>	<b>County</b>	<b>Date of Birth</b>					
City _____ State _____		/ /					
<b>Name of Child's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>							
<b>Parent A</b>	First _____ Middle _____ Last _____						
<b>Parent B</b>	First _____ Middle _____ Last _____						
<b>If Child's name was changed:</b>							
New Name _____ Describe Change _____							

<input type="checkbox"/>	<b>MARRIAGE</b>	<input type="checkbox"/>	<b>CIVIL UNION</b>	<input type="checkbox"/>	<b>DOMESTIC PARTNERSHIP</b>						
<b>No. Requested Copies</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><b>Place of Event</b></td> <td style="width:20%;"><b>County</b></td> <td style="width:40%;"><b>Date of Event</b></td> </tr> <tr> <td>City _____ State _____</td> <td></td> <td>/ /</td> </tr> </table>	<b>Place of Event</b>	<b>County</b>	<b>Date of Event</b>	City _____ State _____		/ /				
<b>Place of Event</b>	<b>County</b>	<b>Date of Event</b>									
City _____ State _____		/ /									
<b>Name of Spouses</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>											
<b>Spouse A</b>	First _____ Middle _____ Last _____										
<b>Spouse B</b>	First _____ Middle _____ Last _____										

<input type="checkbox"/>	<b>DEATH</b>						
<b>Name of Decedent</b>	First _____ Middle _____ Last _____						
<b>No. Requested Copies</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><b>Place of Death</b></td> <td style="width:20%;"><b>County</b></td> <td style="width:40%;"><b>Date of Death</b></td> </tr> <tr> <td>City _____ State _____</td> <td></td> <td>/ /</td> </tr> </table>	<b>Place of Death</b>	<b>County</b>	<b>Date of Death</b>	City _____ State _____		/ /
<b>Place of Death</b>	<b>County</b>	<b>Date of Death</b>					
City _____ State _____		/ /					
<b>Name of Decedent's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name)</i>							
<b>Parent A</b>	First _____ Middle _____ Last _____						
<b>Parent B</b>	First _____ Middle _____ Last _____						

**Have you enclosed and completed all required information?**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Completed Application</b> | <input type="checkbox"/> <b>Proof of Relationship</b>      |
| <input type="checkbox"/> <b>Payment</b>               | <input type="checkbox"/> <b>Acceptable Forms of ID</b>     |
|   | <input type="checkbox"/> <b>Mailing Address Matches ID</b> |

FOR STATE USE ONLY			
<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	<b>Amount:</b> \$ _____	<input type="checkbox"/> <b>ID Viewed</b>	<b>Processed By:</b> _____