

APPLICATION FOR A GENEALOGICAL CERTIFICATION  
 OR CERTIFIED COPY OF A 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>	Requestor's Signature
		Date of Request      /      /
<b>Name of Requestor</b> First _____ Middle _____ Last _____		<b>Reasons for Request</b> <input type="checkbox"/> Genealogy <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Estate Matters <input type="checkbox"/> Other: _____
<b>Current Mailing Address</b> <i>(must match address on ID)</i> Street _____ City _____ State _____ Zip Code _____		
Email Address _____ @ _____ . _____	Daytime Phone Number ( ) - _____	

<input type="checkbox"/> <b>BIRTH (OVER 80 YEARS AGO)</b>			
<b>Child's Name at Birth</b>	First _____ Middle _____ Last _____		
<b>No. Requested Copies</b>	<b>Place of Birth</b> <i>(optional)</i> City _____ State _____	<b>County</b>	<b>Date of Birth / Years</b> <i>(to search)</i>
<b>Name of Child's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name) (optional)</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 (OVER 50 YEARS AGO)</b>			
<b>No. Requested Copies</b>	<b>Place of Event</b> <i>(optional)</i> City _____ State _____	<b>County</b>	<b>Event Date / Years</b> <i>(to search)</i>
<b>Name of Spouses</b> <i>(name given at birth or on birth certificate / Maiden Name) (optional)</i>			
<b>Spouse A</b>	First _____ Middle _____ Last _____		
<b>Spouse B</b>	First _____ Middle _____ Last _____		

<input type="checkbox"/> <b>DEATH (OVER 40 YEARS AGO)</b>			
<b>Name of Decedent</b>	First _____ Middle _____ Last _____		
<b>No. Requested Copies</b>	<b>Place of Death</b> <i>(optional)</i> City _____ State _____	<b>County</b>	<b>Date of Death / Years</b> <i>(to search)</i>
<b>Name of Decedent's Parents</b> <i>(name given at birth or on birth certificate / Maiden Name) (optional)</i>			
<b>Parent A</b>	First _____ Middle _____ Last _____		
<b>Parent B</b>	First _____ Middle _____ Last _____		

**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: _____

