

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

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

<input type="checkbox"/> BIRTH			
Child's Name at Birth	First _____	Middle _____	Last _____
No. Requested Copies	Place of Birth City _____ State _____	County	Date of Birth / /
Name of Child's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i>			
Parent A	First _____	Middle _____	Last _____
Parent B	First _____	Middle _____	Last _____
If Child's name was changed:			
New Name _____		Describe Change: _____	

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City _____ State _____	County	Date of Event / /
Name of Spouses <i>(name given at birth or on birth certificate / Maiden Name)</i>			
Spouse A	First _____	Middle _____	Last _____
Spouse B	First _____	Middle _____	Last _____

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

Have you enclosed and completed all required information?
 Completed Application Proof of Relationship
 Payment Acceptable Forms of ID
 *Do not send original documents. Mailing Address Matches ID
Copies only*