

**APPLICATION FOR A 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 <i>(of request)</i> / /
Name of Requestor First Middle Last		Reasons for Request: <input type="checkbox"/> Genealogy <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Estate Matters <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 (OVER 80 YEARS AGO)
Child's Name at Birth First Middle Last	
No. Requested Copies	Place of Birth <i>(optional)</i> City State County Date of Birth / Years <i>(to search)</i>
Name of Child's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i> <i>(optional)</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 (OVER 50 YEARS AGO)
No. Requested Copies	
Place of Event <i>(optional)</i> City State County Event Date / Years <i>(to search)</i>	
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 (OVER 40 YEARS AGO)
Name of Decedent First Middle Last	
No. Requested Copies	Place of Death <i>(optional)</i> City State County Date of Death / Years <i>(to search)</i>
Name of Decedent's Parents <i>(name given at birth or on birth certificate / Maiden Name)</i> <i>(optional)</i> Parent A First Middle Last Parent 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:	