

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

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification	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 (must match address on ID) 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 (name given at birth or on birth certificate / Maiden Name)			
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 (name given at birth or on birth certificate / Maiden Name)			
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 (name given at birth or on birth certificate / Maiden Name)			
Parent A	First _____ Middle _____	Last _____	
Parent B	First _____ Middle _____	Last _____	

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

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Acceptable Forms of ID |
| | <input type="checkbox"/> 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: _____