

**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 <i>(of request)</i> / /
Name of Requestor <div> <div>First</div> <div>Middle</div> <div>Last</div> </div>			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> <div> <div>Street</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div>			
Email Address <div>@</div> <div>.</div>		Daytime Phone Number <div>() -</div>	

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

<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	County	Date of Death
	City		/ /
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?

☐ Completed Application☐ Payment

□ Proof of Relationship

☐ Acceptable Forms of ID☐ Mailing Address Matches ID