

INITIALS OF STATE PERSONNEL \_\_\_\_\_  
CERT# \_\_\_\_\_ # of copies \_\_\_\_\_

Birth Certificate

Name on birth record:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Parents Names (with mother's maiden):  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name:  
\_\_\_\_\_

Applicant Address:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your Relationship to the person on  
requested record below:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_

*By signing below, I swear/affirm that the  
information above is true and correct.*

Applicant Signature:  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ CC \_\_\_\_\_  
CERT# \_\_\_\_\_ # of copies \_\_\_\_\_

Death Certificate

Full Name of Decedent:  
\_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Applicant Name:  
\_\_\_\_\_

Applicant Address:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your Relationship to the person on  
requested record below:

- Spouse
- Registered Domestic Partner
- Parent
- Funeral Director
- Informant
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_

*By signing below, I swear/affirm that the  
information above is true and correct.*

Applicant Signature:  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

AMOUNT PAID \_\_\_\_\_  
CERT# \_\_\_\_\_ # of copies \_\_\_\_\_

Marriage License

Full Maiden Name of Spouse:  
\_\_\_\_\_

Full Maiden Name of Spouse:  
\_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Applicant Name:  
\_\_\_\_\_

Applicant Address:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your Relationship to the person on  
requested record below:

- Self/Spouse
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_

*By signing below, I swear/affirm that the  
information above is true and correct.*

Applicant Signature:  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

**Proof of identity of applicant:**

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other \_\_\_\_\_

**Establishing eligibility to acquire record:**

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card

**Do not retain copies of proof provided or note any specific numbers**