

APPLICATION FOR A VITAL RECORD

INSTRUCTIONS

1. Type or print all information clearly
2. Payment should be by check or money order if ordering by mail.
3. Certified copies cost \$ 10 each.
4. Sign and date this application and return it to:

RECORD REQUESTED

Type of Record (circle one) Birth Death Marriage

Name on Certificate: _____

Date of Event: _____

MARRIAGE:

Groom: Name _____ Date of Birth _____
Bride: Name _____ Date of Birth _____

BIRTH:

Maiden Name of Mother: _____ Name of Father: _____

DEATH:

Age at Death: _____ Date of Birth: _____
City and State of Birth: _____ Name of Spouse: _____

APPLICANT INFORMATION:

Name: _____

Address: _____

Phone: _____

Your Relationship to the Person on the Certificate: _____

Intended Use of the Certificate: _____

SIGNATURE _____ **Date** _____