

VITAL RECORD ORDER FORM

Check the type of record you are requesting:

Birth

Death

Marriage

must preview working copy first

Number of Copies: _____

Name on the record you are requesting:

Date of event (DOB, Date of Death etc.): _____

Place of event (place of birth, place of death etc.): _____

Applicant Name (this is you): _____

Applicant Address: _____

Applicant relationship to the record:

Self

Spouse

Domestic Partner

Parent

Other relative

Guardian

Descendant

Attorney of person

Genealogist ID #

By signing below, I swear or affirm that the information above is true and correct and that I am eligible to obtain this record.

Applicant Signature: _____

Today's Date: _____

OFFICE USE ONLY:

Proof of identity of applicant:

Must provide one of these:

- Driver's License
Passport
Government issued photo ID

OR two of these:

- | | | | |
|---|--------------------------|------------------------------|--------------------------|
| Utility bills | <input type="checkbox"/> | Previous issued record | <input type="checkbox"/> |
| Bank Statement | <input type="checkbox"/> | Social Security Card | <input type="checkbox"/> |
| Vehicle Registration | <input type="checkbox"/> | Hospital/birth worksheet | <input type="checkbox"/> |
| Income Tax Return | <input type="checkbox"/> | Department of Corrections ID | <input type="checkbox"/> |
| Personal check | <input type="checkbox"/> | DD 214 | <input type="checkbox"/> |
| Voter Card | <input type="checkbox"/> | Lease | <input type="checkbox"/> |
| Disability papers | <input type="checkbox"/> | Pay stub | <input type="checkbox"/> |
| W-2 | <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Letter from Government agency requesting record | <input type="checkbox"/> | | |

Establishing eligibility to acquire record:

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

DO NOT RETAIN COPIES OF PROOF PROVIDED OR NOTE ANY SPECIFIC NUMBERS

STATE PERSONNEL SIGNATURE BLOCK:

Initials _____

Total Due _____ Cash Check CC

ID Type _____ ID #/Expiration _____

Safety Paper Numbers Issued

_____ to _____