APPLICATION FOR CERTIFIED COPY OR COPY OF VITAL RECORD

Birth Certificate

Name on birth record:

_____

Date of Birth: _____

How many copies? _____

Parents Names (with mother's maiden):

_____

_____

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# _____

Death Certificate

Full Name of Decedent:

_____

Date of Death:_____

How many copies? _____

Applicant Name:

_____

Applicant Address:

_____

_____

Indicate your Relationship to the person on requested record below:

__ Spouse
__ Registered Domestic Partner
__ Parent
__ Guardian
__ Descendant
__ Attorney of person on record
__ Genealogist ID# _____
__ None of the above (short form will be issued)

Marriage License

Full Maiden Name of Bride/Spouse:

_____

Full Name of Groom/Spouse:

_____

Date of Marriage: _____

How many copies? _____

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: _____

$15.00 for 1st certified copy, $6.00 for each additional