



# APPLICATION FOR CERTIFIED COPY OF AN IOWA VITAL RECORD

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- This application is for a certified copy of a birth, death or marriage record, if the event occurred in Iowa.
  - If requesting a birth record, complete all items except 2(A).
  - If requesting a death record, complete all items except 2(A) and 7.
  - If requesting a marriage record, complete all items, including 2(A).
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1. TYPE OF RECORD (Check one)  BIRTH  DEATH  MARRIAGE

2. PERSON NAMED ON RECORD \_\_\_\_\_  
FIRST MIDDLE SURNAME (Last)

2(A) (Marriage Only) SPOUSE'S NAME \_\_\_\_\_  
FIRST MIDDLE SURNAME (Last)

3. DATE OF EVENT (birth, death, or marriage) \_\_\_\_\_  
MONTH DAY YEAR

4. PLACE OF EVENT (city and/or county) \_\_\_\_\_

5. MOTHER'S MAIDEN NAME \_\_\_\_\_  
FIRST MIDDLE MAIDEN SURNAME (Last)

6. FATHER'S NAME \_\_\_\_\_  
FIRST MIDDLE SURNAME (Last)

7. (Birth Only) WERE THE PARENTS MARRIED AT THE TIME OF BIRTH?  Yes  No  Unknown

8. LEGAL ACTIONS TO RECORD  None  Adoption  Paternity  Name Change

8(A) IF A LEGAL ACTION OCCURRED, LIST THE PREVIOUS NAME \_\_\_\_\_  
Marriage does NOT change the birth certificate.

9. RELATIONSHIP OF THE PERSON RECEIVING THIS COPY TO THE PERSON NAMED ON THE RECORD \_\_\_\_\_

10. REASON FOR NEEDING THIS COPY \_\_\_\_\_

11. The fee to search is \$10.00 and one copy is issued if the record is found. Each additional copy of the same record is \$10.00. Please indicate the number of copies of this record that you need. \_\_\_\_\_

12. APPLICANT'S SIGNATURE \_\_\_\_\_ DAY PHONE # \_\_\_\_\_  
(Include area code)

13. NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (REQUIRED FOR ALL APPLICATIONS)

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, 9-DIGIT ZIP CODE \_\_\_\_\_

14. THIS COPY BEING PAID BY (Check one)  Check  Cash  Money Order 15. AMOUNT ENCLOSED \_\_\_\_\_

16. THIS COPY IS TO BE (Check one)  Mailed  Picked up (for in-person requests only)