APPLICATION FOR A NON-GENEALOGICAL CERTIFICATION OR CERTIFIED COPY OF A VITAL RECORD

☐ *Certified Copy* ☐ **Certified Copy** for an **Apostille Seal** ☐ *Certification*	**Requestor's Relationship to Person on Record** *(proof is required for certified copy)*	**Requestor's Signature** **Date** *(of request)* / /
Name of Requestor *First* *Middle* *Last*		**Reasons for Request** ☐ Passport ☐ Driver's License ☐ School / Sports ☐ Veterans' Benefits ☐ Social Security Card / Benefits ☐ Medicare ☐ Welfare / Disability ☐ Other:
Current Mailing Address *(must match address on ID)* *Street* *City* *State* *Zip Code*		
Email Address @ .	**Daytime Phone Number** ( ) -	

☐ **BIRTH**

Child's Name at Birth	*First* *Middle* *Last*		
No. Requested Copies	**Place of Birth** *City* *State*	**County**	**Date of Birth** / /
Name of Child's Parents *(name given at birth or on birth certificate / Maiden Name)*			
Parent A *First* *Middle* *Last*			
Parent B *First* *Middle* *Last*			
If Child's name was changed: *New Name* *Describe Change:*			

☐ **MARRIAGE** ☐ **CIVIL UNION** ☐ **DOMESTIC PARTNERSHIP**

No. Requested Copies	**Place of Event** *City* *State*	**County**	**Date of Event** / /
Name of Spouses *(name given at birth or on birth certificate / Maiden Name)*			
Spouse A *First* *Middle* *Last*			
Spouse B *First* *Middle* *Last*			

☐ **DEATH**

Name of Decedent	*First* *Middle* *Last*		
No. Requested Copies	**Place of Death** *City* *State*	**County**	**Date of Death** / /
Name of Decedent's Parents *(name given at birth or on birth certificate / Maiden Name)*			
Parent A *First* *Middle* *Last*			
Parent B *First* *Middle* *Last*			

Have you enclosed and completed all required information?
Do not send original documents. Copies only

☐ Completed Application
☐ Payment
☐ Proof of Relationship
☐ Acceptable Forms of ID
☐ Mailing Address Matches ID

REG-27a
APR 19
J1023

FOR STATE USE ONLY

Payment Type: ☐ Cash ☐ M/O ☐ Check ☐ Waived	**Amount:** $	☐ ID Viewed	**Processed By:**