

# APPLICATION FOR AN IOWA VITAL RECORD

OFFICE USE ONLY

Application ID \_\_\_\_\_

Security # \_\_\_\_\_

• **Submit all the following:**

- Completed application for an **IOWA** birth, death or marriage record;
- \$15 fee payable in U.S. funds;
- Copy of current government issued photo ID;
- SIGNATURE MUST BE NOTARIZED WHEN MAILING THE REQUEST.**

## DID THE EVENT OCCUR IN IOWA? If yes, continue.

If no, you must apply in the state the event occurred.

1. **EVENT TYPE** (Check one)  BIRTH  DEATH  MARRIAGE  FETAL DEATH

2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** \_\_\_\_\_  
FIRST MIDDLE, if any LAST (Surname)

2a. **If for Marriage record, SPOUSE'S NAME** \_\_\_\_\_  
FIRST MIDDLE, if any LAST (Surname)

3. **DATE OF EVENT** (Birth, Death, or Marriage) – BE SPECIFIC – Month, Day, Year \_\_\_\_\_

4. **PLACE OF EVENT – ONLY EVENTS THAT OCCUR IN IOWA** \_\_\_\_\_  
(City and/or County)

5. **PARENT'S FULL NAME PRIOR TO ANY MARRIAGE** – First, Middle, Last (Surname) \_\_\_\_\_

6. **2<sup>ND</sup> PARENT'S FULL NAME** – First, Middle, Last (Surname) \_\_\_\_\_

7. **(Birth Only) WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?**  Yes  No  Unknown

8. **LEGAL ACTIONS TO BIRTH RECORD**  None  Adoption  Paternity Establishment  Legal Change of Name

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

9. **PURPOSE FOR COPY** \_\_\_\_\_ 10. **BIRTHDATE OF APPLICANT** \_\_\_\_\_

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

12. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)**

12a. **Name of Applicant/Recipient** \_\_\_\_\_

12b. **Street address and P.O. Box (if any)** \_\_\_\_\_

12c. **City, State and Zip Code** \_\_\_\_\_

13. **THE CERTIFICATE IS TO BE** (Check one)  Mailed  Picked up (for in-person requests only)

14. **THE FEE IS \$15.00** for each certified copy ordered. Indicate the number of copies of this record you need. \_\_\_\_\_

15. **THIS REQUEST PAID BY** (Check one)  Check  Money Order  Cash  No Fee Exchange

16. **AMOUNT ENCLOSED** \_\_\_\_\_

17. **APPLICANT'S NAME** (Print clearly) \_\_\_\_\_ 18. **DAYTIME PHONE #** \_\_\_\_\_  
(Include area code)

19. **APPLICANT EMAIL ADDRESS** \_\_\_\_\_

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

20. **APPLICANT'S SIGNATURE** \_\_\_\_\_ 21. **DATE** \_\_\_\_\_

**APPLICANT'S NAME AS IT APPEARS ON PHOTO I.D.** (Print clearly) \_\_\_\_\_ (SEAL)

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed and affirmed in my presence on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, My commission expires: \_\_\_\_\_

Notary Public Signature

**Administrative Use Only**

I.D. \_\_\_\_\_

Initials \_\_\_\_\_