

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

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

<input type="checkbox"/> <b>BIRTH</b>			
<b>Child's Name at Birth</b> First _____ Middle _____ Last _____			
<b>No. Requested Copies</b>	<b>Place of Birth</b> City _____ State _____	<b>County</b>	<b>Date of Birth</b> / /
<b>Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)</b> Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			
<b>If Child's name was changed:</b> New Name _____ Describe Change _____			

<input type="checkbox"/> <b>MARRIAGE</b>	<input type="checkbox"/> <b>CIVIL UNION</b>	<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>	
<b>No. Requested Copies</b>	<b>Place of Event</b> City _____ State _____	<b>County</b>	<b>Date of Event</b> / /
<b>Name of Spouses (name given at birth or on birth certificate / Maiden Name)</b> Spouse A First _____ Middle _____ Last _____ Spouse B First _____ Middle _____ Last _____			

<input type="checkbox"/> <b>DEATH</b>			
<b>Name of Decedent</b> First _____ Middle _____ Last _____			
<b>No. Requested Copies</b>	<b>Place of Death</b> City _____ State _____	<b>County</b>	<b>Date of Death</b> / /
<b>Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)</b> Parent A First _____ Middle _____ Last _____ Parent B First _____ Middle _____ Last _____			

**Have you enclosed and completed all required information?**

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

REG-37a  
 SEP 17

FOR STATE USE ONLY			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Amount: \$ _____	<input type="checkbox"/> ID Viewed	Processed By: _____