

APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

REQUESTS REQUIRE THE APPLICANT'S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION AND SIGNATURE SIGNED IN FRONT OF A NOTARY PUBLIC OR IN THE PRESENCE OF AN IOWA REGISTRAR OF VITAL RECORDS.

- This application is for a **SEARCH** for an **Iowa** birth, death or marriage record. Fees are due upon application.
- If requesting a certified copy of a birth record, complete all items except 2(A).
- If requesting a certified copy of a death record, complete all items except 2(A) and 7.
- If requesting a certified copy of a marriage record, complete all items, including 2(A).
- If requesting by mail, the I.D. must be a clear photocopy and the signature notarized.

1. EVENT TYPE (Check one) BIRTH DEATH MARRIAGE FETAL DEATH BIRTH RESULTING IN STILLBIRTH

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 (City and/or County) _____

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

6. 2ND 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 SEARCH RESULT IS TO BE (Check one) Mailed Picked up (for in-person requests only)

14. THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00 and one certified copy is issued if the record is located. Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. _____

15. THIS SEARCH PAID BY (Check one) Check Money Order Cash (In-person only) 16. AMOUNT ENCLOSED _____

Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must accompany this form.

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

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.

19. APPLICANT'S SIGNATURE _____ 20. DATE _____

Signature must be notarized if applying by mail	(SEAL)	Administrative Use Only
State of _____ County of _____ ss		I.D. _____
Signed and affirmed in my presence on this ____ day of _____, _____		Initials _____
_____, My commission expires: _____		
Notary Public Signature		

SEE OTHER SIDE FOR INSTRUCTIONS