

# 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. TYPE OF RECORD REQUESTING (Check one)  BIRTH  DEATH  MARRIAGE

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

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

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

4. PLACE OF EVENT (City and/or County) \_\_\_\_\_

5. MOTHER'S FULL MAIDEN NAME – FIRST/MIDDLE, if any/MAIDEN SURNAME (Last) \_\_\_\_\_

6. FATHER'S FULL NAME – FIRST/MIDDLE, if any/SURNAME (Last) \_\_\_\_\_

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

8. LEGAL ACTIONS TO RECORD  None  Adoption  Paternity Establishment  Legal Change of Name on Birth Certificate

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/RECIPIENT \_\_\_\_\_

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 \$15.00 and one certified copy is issued if the record is located. Each additional copy of the same record is \$15.00. 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 drawn from the applicants' 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		
Signed and affirmed in my presence on this _____ day of _____, _____.			
_____, My commission expires: _____			
<small>Notary Public Signature</small>			I.D. _____ Initials _____

SEE OTHER SIDE FOR INSTRUCTIONS

