

Please Send To The Recorders Office: 215 4th Ave S.E. Le Mars, IA 51031
Do not use any unapproved third party vendor to obtain this form. Do not pay a fee for this form.
This form is available to print at no cost at <https://idph.iowa.gov/health-statistics>

Information about requesting a certified copy of an IOWA Birth, Death or Marriage Record

What records are available?

In Iowa, vital record registration began July 1, 1880. Event must have occurred in IOWA. Records older than July 1, 1880 are not on file.

Where are records held?

Original vital records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Vital records are also available for request at local county registrar offices in Iowa.

What records are open for public inspection?

The state vital record system is closed to public inspection. However, birth, marriage and death records may be inspected as of right under Iowa Code section 22 when in the custody of the county registrar. IAC 144.43

The following is required when applying for a certified copy of an Iowa vital record:

- 1) Completed application that is legible and clearly identifies the event record and establishes entitlement to the record requested.
- 2) Applicant's current government issued photo identification (copy if sent by mail).
- 3) Payment in the amount of \$15 for EACH certified copy requested. Fees payable in U.S. funds by check or money order. Cash accepted in person ONLY.
- 4) SIGNATURE MUST BE NOTARIZED ON THE APPLICATION WHEN SUBMITTING VIA MAIL.

Who is entitled to the record?

Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians, legal representatives, and siblings must also provide additional proof of entitlement.

What is the fee?

The fee for a certified copy of a vital record in Iowa is \$15 each. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Fees must be paid at the time of the application.

What is the process to exchange the small wallet-sized birth cards?

Any pink/blue wallet sized birth certificates issued between 1993 and 2009 can be exchanged for no fee. Follow all instructions above for applying for a vital record in Iowa. The original pink/blue wallet birth certificate may be returned along with a completed application and proof of ID (current government issued photo identification) to any issuing office in Iowa. If the wallet-sized birth certificate is not exchanged, applications must be sent to the state office at the address listed below.

What if the order is not received in the mail?

If the requested documents are not received within 30 days, contact the issuing office. Requested documents cannot be replaced at no fee after 90 days of issuance.

WAYS TO ORDER FROM THE IOWA DEPARTMENT OF PUBLIC HEALTH OR COUNTY RECORDER

Telephone: Customers may call VitalChek **toll-free at 1-866-809-0290** from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. An additional processing fee will apply. Customers may call the bureau directly at 515-281-4944 to speak to state staff.

In-person: Applications may be made in-person at the Bureau of Health Statistics, 321 E. 12th Street, Des Moines, Iowa, from 7:00 a.m. to 4:30 p.m., Monday through Friday, except for state-observed holidays. All application requirements noted above will apply. Applications may also be made in person at the county recorder offices. Visit <https://idph.iowa.gov/health-statistics> for a full list of records held at county recorder offices.

Postal service: Written requests and fees may be mailed to the address below. All application requirements noted above will apply.

*Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants.
Commemorative Certificates – Information regarding commemorative certificates is available at idph.iowa.gov/health-statistics.*

**Iowa Department of Public Health
Bureau of Health Statistics
Lucas State Office Building
1st Floor, 321 E. 12th Street
Des Moines, Iowa 50319-0075**

**SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR APPLICATION AT THE BUREAU OF HEALTH STATISTICS OR COUNTY RECORDER OFFICES.**

APPLICATION FOR AN IOWA VITAL RECORD

Please Send to
The Recorders Office:
215 4th Ave S.E.
Le Mars, IA 51031

OFFICE USE ONLY Application ID _____ Security # _____
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- **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. **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 CERTIFICATE IS TO BE** (Check one) Mailed Picked up (for in-person requests only)

14. **THE FEE IS \$15.00** and one certified copy is issued.
Each additional copy of the same record is \$15.00. 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)

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** _____

APPLICANT'S NAME AS IT APPEARS ON PHOTO I.D. (Print clearly) _____ (SEAL)	Administrative Use Only I.D. _____ Initials _____
State of _____ County of _____ ss	
Signed and affirmed in my presence on this ____ day of _____, _____.	
_____, My commission expires: _____ Notary Public Signature	

Genealogy/Family History Proof of Entitlement

Addendum to application for certified copy of an Iowa vital event for genealogy and family history purposes.

This completed and notarized Proof of Entitlement must accompany each request for a copy of an Iowa vital event for the purposes of genealogy and/or family history. Proof of a direct blood lineage may also be required.

Type of Event:	Date of Event:
<input type="text"/>	<input type="text"/>

Name of person applying for a copy of the record on file:	Name of person named on the record (i.e., registrant):
<input type="text"/>	<input type="text"/>

Relationship to person named on the record: *(Circle One)*

- | | | | |
|-------------------------|--------------------------|--------------------|-------------------|
| Child | Parent | Niece | Aunt |
| Grand Child | Grand Parent | Nephew | Uncle |
| Great Grand Child | Great Grand Parent | Grand Niece | Grand Aunt |
| Great Great Grand Child | Great Great Grand Parent | Grand Nephew | Grand Uncle |
| Step-Child | Step-Parent | Great Grand Niece | Great Grand Aunt |
| Brother | Step-Brother | Great Grand Nephew | Great Grand Uncle |
| Sister | Step-Sister | First Cousin | Third Cousin |
| Half-Brother | Half-Sister | Second Cousin | |

Other relationship not listed above:	Purpose for the copy:	Related through marriage? <i>(Circle One)</i> Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments: _____

CERTIFICATION ACKNOWLEDGEMENT:

***I affirm that I am of direct blood lineage to the person named on the vital event record that I am requesting.
I have signed the attached application in front of a Notary Public.***

SIGNATURE _____

DATE SIGNED _____

Include a photocopy of your identification with your application.

Attorney Proof of Entitlement

Addendum to application for certified copy of an Iowa vital event by an attorney on behalf of a client.

This completed and notarized Proof of Entitlement must accompany each request for a certified copy of an Iowa vital event by applicants alleging to be the registrant's or the registrant's immediate family's attorney at law.

Type of Event:	Date of Event:
<input type="text"/>	<input type="text"/>

Name of person granting representation rights (client):	Name of person named on the record (registrant):
<input type="text"/>	<input type="text"/>

Outline client relationship to registrant:

Name of attorney legally representing the registrant and/or the registrant's immediate family:

Purpose of representation:	Date representation began:	Client agreement signed:
<input type="text"/>	<input type="text"/>	(Circle One) Yes No

CLIENT'S CERTIFICATION ACKNOWLEDGEMENT:

I affirm that I have given the attorney named above entitlement to obtain a certified copy of an Iowa vital event that I need to determine or protect my personal or property interest. I have signed below in front of a Notary Public.

SIGNATURE _____ DATE SIGNED _____

State of _____ County of _____ ss _____ _____ Name as appears on identification Signed and affirmed in my presence on this _____ day of _____, _____ _____ Notary Public Signature, My commission expires: _____	(SEAL)	Documentation used for Notarization (indicate below)
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