

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.

- EVENT TYPE (Check one) BIRTH DEATH MARRIAGE FETAL DEATH
- PERSON'S NAME AS IT APPEARS ON THE RECORD
2a. If for Marriage record, SPOUSE'S NAME
FIRST _____ MIDDLE, if any _____ LAST (Surname) _____
FIRST _____ MIDDLE, if any _____ LAST (Surname) _____
- DATE OF EVENT (Birth, Death, or Marriage) – BE SPECIFIC – Month, Day, Year _____
- PLACE OF EVENT – ONLY EVENTS THAT OCCUR IN IOWA _____
(City and/or County)
- PARENT'S FULL NAME PRIOR TO ANY MARRIAGE – First, Middle, Last (Surname) _____
- 2ND PARENT'S FULL NAME – First, Middle, Last (Surname) _____
- (Birth Only) WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH? Yes No Unknown
- 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.
- PURPOSE FOR COPY _____ 10. BIRTHDATE OF APPLICANT _____
- RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD _____
- 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 _____
- THE CERTIFICATE IS TO BE (Check one) Mailed Picked up (for in-person requests only)
- 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. _____
- THIS REQUEST PAID BY (Check one) Check Money Order Cash No Fee Exchange AMOUNT ENCLOSED _____
16. AMOUNT ENCLOSED _____
- 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)

State of _____ County of _____ ss

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

_____, Notary Public Signature, My commission expires: _____

Administrative Use Only

I.D. _____
Initials _____