

**CERTIFICATE REQUEST FORM**

**PHOTO IDENTIFICATION IS REQUIRED - PRESENT PICTURE I.D. WITH APPLICATION**

**REQUESTOR INFORMATION** (Person applying for the certificate)

Requestor: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

Requestor: \_\_\_\_\_  
Address State City Zip

Requestor: \_\_\_\_\_  
Email Address Phone Number

Is the requestor a minor? YES [ ] NO [ ]

-----  
TYPE OF REQUEST (Circle) BIRTH DEATH MARRIAGE

Relationship to registrant: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

-----  
**REGISTRANT INFORMATION** (Fill in below concerning the person whose certificate is requested)

Full Name of Registrant: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth/Death/Marriage: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

PAYMENT TYPE (Circle) CASH MONEY ORDER

-----  
A fine of not more than \$10,000.00 or imprisonment of not more than five years, or both, shall be imposed on any person who willfully and knowingly makes any false statement in an application for a vital record.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**REQUESTOR DO NOT WRITE BELOW THIS LINE**

Photo I.D. Type \_\_\_\_\_ Photo I.D. Information \_\_\_\_\_