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.

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) ☐ Card ☐ 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)

State of _____ County of _____ ss

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

_____ , My commission expires: _____
Notary Public Signature

Administrative Use Only

I.D. _____

Initials _____