

## Application For Certified Copy Of A Vital Record

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### **BIRTH**

NAME AT BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

### **DEATH**

FULL NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

### **MARRIAGE**

NAME OF GROOM \_\_\_\_\_

NAME OF BRIDE (MAIDEN) \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_

The certificate of the above-named person is for (circle one of the following):

1. Myself
2. My spouse
3. My mother/father
4. My sister/brother
5. My child
6. My parent/grandparent
7. I am seeking information for legal determination of personal or property rights
8. I am an authorized agent, attorney, or legal representative of the person listed above.

I hereby certify that all the above information given is true to the best of my knowledge and belief.

\_\_\_\_\_  
APPLICANT'S PRINTED/TYPED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS