

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

To insure a complete search, provide as much information as possible.

Please complete the applicable section for each type of record requested: birth, death or marriage.

Birth	Name at Birth		Birth	Name at Birth	
	Date of Birth	State File Number		Date of Birth	State File Number
	Place of Birth			Place of Birth	
	Father's Name			Father's Name	
	Mother's Maiden Name			Mother's Maiden Name	
Marriage	Name of Bride		Marriage	Name of Bride	
	Name of Groom			Name of Groom	
	Date of Marriage	State File Number		Date of Marriage	State File Number
	Place of Marriage and/or License			Place of Marriage and/or License	
Death	Name at Death		Death	Name at Death	
	Date of Death	Age at Death		Date of Death	Age at Death
	Place of Death			Place of Death	
	Names of Parents			Names of Parents	
	Name of Spouse			Name of Spouse	
	State File Number			State File Number	

For what purpose is information required?

What is your relationship to person whose record is requested?

In what capacity are you acting?

SIGNATURE OF APPLICANT _____ DATE _____

Address _____ Phone _____

Send record to: (please print)

Name

Address

City

State

Zip Code

If requesting birth and marriage records, please sign the following statement:

To the best of my knowledge, the person(s) named in the application are deceased.

SIGNATURE OF APPLICANT _____