

Application to Order an Iowa Vital Record

Did the event occur in Iowa? If **yes**, continue. If **no**, you must apply in the state where the event occurred.

For State Office Use Only: Application ID: _____

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 Name (surname)
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2a. If for Marriage Record, Spouse's Name

First	Middle, if any	Last Name (surname)
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3. Date of Event (Birth, Death, Marriage, or Fetal Death) – 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, if any	Last Name (surname)
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6. 2nd Parent's Full Name

First	Middle, if any	Last Name (surname)
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7. Legal Actions to Birth Record

☐ None ☐ Adoption ☐ Paternity Establishment ☐ Legal Change of Name

7a. If a Legal Action Occurred, List Previous Name (on birth certificate – Marriage does **not** change the birth certificate.)

First	Middle, if any	Last Name (surname)
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8. Purpose for Copy

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9. State of Birth of Applicant

9a. Date of Birth of Applicant

10. Relationship to person named on the Record ☐ Self ☐ Parent ☐ Sibling ☐ Spouse ☐ Child ☐ Grandparent ☐ Grandchild ☐ Legal Guardian ☐ Executor ☐ Attorney ☐ Other _____	
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11. Name and address of person to receive this copy (must be aged 18 or older and entitled to the record)

11a. Name of Applicant/Recipient

11b. Street address and PO Box (if any)

11c. City, State, and ZIP Code

12. The Certificate is to be (check one)

☐ Mailed ☐ Picked up (for in-person requests only)

13. The fee is \$20.00 for each certified copy ordered. Indicate the number of copies of this record you need: _____

14. This request is paid by:

☐ Cash ☐ Money Order ☐ No Fee Exchange ☐ Credit Card (In Person Only)

15. Amount Enclosed:

16. Applicant Email Address

17. Daytime Phone (include area code)

Submit **all** the following:

☐ Completed application for an **Iowa** birth, death, marriage or fetal death record;

☐ \$20 fee payable by cash, money order or credit card (In Person Only)

☐ Copy of current government issued photo ID;

☐ **Signature must be notarized when mailing the request.**

Failure to complete the order as instructed will result in the order being returned unprocessed.

I certify under penalty of perjury 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 or their designee.

18. Applicant's Signature

19. Date Signed

Applicant's name as it appears on Photo ID: _____

State of _____ County of _____

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

Notary Public's Signature

My commission expires:

NOTARY SEAL

Administrative Use Only

I.D. _____ Expiration Date _____

Initials _____