



# 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
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**4. Place of Event – Only events that occur in Iowa**

City and/or County
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**5. Parent's Full Name prior to any marriage**

First	Middle, if any	Last Name (surname)
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**6. 2<sup>nd</sup> 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**

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**10. Relationship to person named on the Record**

- Self
- Parent
- Sibling
- Spouse
- Child
- Grandparent
- Grandchild
- Legal Guardian
- Executor
- Attorney
- Other \_\_\_\_\_



**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:**

<b>16. Applicant Email Address</b>	<b>17. Daytime Phone</b> (include area code)
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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.

<b>18. Applicant's Signature</b>	<b>19. Date Signed</b>
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Applicant's name as it appears on Photo ID: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss \_\_\_\_\_

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

Notary Public's Signature	My commission expires:	<b>NOTARY SEAL</b>
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<b>Administrative Use Only</b>	
I.D. _____	Expiration Date _____
Initials _____	