

# APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

REQUESTS REQUIRE THE APPLICANT'S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION AND SIGNATURE SIGNED IN FRONT OF A NOTARY PUBLIC OR IN THE PRESENCE OF AN IOWA REGISTRAR OF VITAL RECORDS.

- This application is for a **SEARCH** for an **Iowa** birth, death or marriage record. Fees are due upon application.
- If requesting a certified copy of a birth record, complete all items except 2(A).
- If requesting a certified copy of a death record, complete all items except 2(A) and 7.
- If requesting a certified copy of a marriage record, complete all items, including 2(A).
- If requesting by mail, the I.D. must be a clear photocopy and the signature notarized.

1. **EVENT TYPE** (Check one)  BIRTH  DEATH  MARRIAGE  FETAL DEATH  BIRTH RESULTING IN STILLBIRTH

2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** \_\_\_\_\_  
FIRST MIDDLE, if any SURNAME (Last)

2a. **If for Marriage record, SPOUSE'S NAME** \_\_\_\_\_  
FIRST MIDDLE, if any SURNAME (Last)

3. **DATE OF EVENT** (Birth, Death, or Marriage) – BE SPECIFIC – Month/Day/Year \_\_\_\_\_

4. **PLACE OF EVENT** (City and/or County) \_\_\_\_\_

5. **MOTHER'S FULL MAIDEN NAME** – FIRST/MIDDLE, if any/MAIDEN SURNAME (Last) \_\_\_\_\_

6. **FATHER'S FULL NAME** – FIRST/MIDDLE, if any/SURNAME (Last) \_\_\_\_\_

7. **(Birth Only) WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?**  Yes  No  Unknown

8. **LEGAL ACTIONS TO RECORD**  None  Adoption  Paternity Establishment  Legal Change of Name on Birth Certificate

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/RECIPIENT** \_\_\_\_\_

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 SEARCH RESULT IS TO BE** (Check one)  Mailed  Picked up (for in-person requests only)

14. **THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00** and one certified copy is issued if the record is located. Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. \_\_\_\_\_

15. **THIS SEARCH PAID BY** (Check one)  Check  Money Order  Cash (In-person only) 16. **AMOUNT ENCLOSED** \_\_\_\_\_  
Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must accompany this form.

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** \_\_\_\_\_

**Signature must be notarized if applying by mail**

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

(SEAL)

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

\_\_\_\_\_, My commission expires: \_\_\_\_\_

Notary Public Signature

**Administrative Use Only**

I.D. \_\_\_\_\_

Initials \_\_\_\_\_