Birth Certificate

Name	on birth record:					
Date of	f Birth:					
	nany copies?					
Parents	s Names (with mother's maiden):					
Applic	ant Name:		_			
Applic	ant Address:					
T., 41 4		1		1		
indicat	e your relationship to the person whose record	you nave i	_			
	□ Self			Guardian		
	□ Spouse			Descendant		
	☐ Registered Domestic Partner			Attorney of person on record		
	☐ Parent			Genealogist ID #		
Ву ту	signature below, I swear/affirm that the inform	ation abov	e is	true and correct.		
Applic	ant Signature:					
• •						
Today'	's Date:					
	\$15 for 1 st copy, \$6 for	each addi	tion	al copy		
	Below line is for (Clerk's use o	nly			
Proof of	f identity of applicant:					
_	Applicant must pro	_		=		
	Driver's License		Go	vernment issued picture I.D.		
☐ Passport OR two of these:						
	Utility bills	<u>/ inese.</u>	Soc	rial Security Card		
	Bank statements			214		
	Vehicle registration	_		spital; birth worksheet		
	Income tax return			ense/rental agreement		
	Personal Check w/ address			stub		
	A previously issued vital record		W-	2		
	Letter from government agency requesting record		Vo	ter Registration card		
	(DHHS, WIC)		Dis	ability award from SSA		
	Department of Corrections I.D. card		Oth	ner		
	Establishing eligibility	y to acquire	reco	rd:		
	Related applicants must provide proof of lineage.					
	Domestic Partners must provide proof of registration of domestic partnership					
	Attorneys must provide a signed, notarized release from family					
	Genealogists must provide a state-issued card					
	Do not retain copies of proof pr					
	Clerk's Initial					

Death Certificate

Full na	me of decedent:					
Date of	f Death:					
How m	nany copies?		_			
Applic	ant Name:					
	ant Address:					
Indicat	e your relationship to the person whose record y	ou have r	requested:			
	☐ Spouse		☐ Attorney of person on record			
	☐ Registered Domestic Partner		☐ Genealogist ID #			
	_		-			
	Parent		☐ Funeral Home			
	☐ Guardian		☐ None of the above (short form will			
	Descendant		be issued)			
Ву ту	signature below, I swear/affirm that the informa	tion abov	e is true and correct.			
Applic	ant Signature:					
Today'	s Date:					
	\$15 for 1 st copy, \$6 for 6	each addi	tional copy			
	Below line is for Cl	lerk's use o	nly			
Proof of	didentity of applicant:					
_	Applicant must provi					
	Driver's License		Government issued picture I.D.			
	Passport	41				
	OR two of Utility bills		Social Security Cond			
	Bank statements		Social Security Card DD 214			
	Vehicle registration		Hospital; birth worksheet			
	Income tax return		License/rental agreement			
	Personal Check w/ address		Pay stub			
	A previously issued vital record		W-2			
	Letter from government agency requesting record	_	Voter Registration card			
	(DHHS, WIC)		Disability award from SSA			
	Department of Corrections I.D. card		Other			
	Establishing eligibility	to acquire	record:			
	Related applicants must provide proof of lineage.					
	Domestic Partners must provide proof of registration of d	omestic par	rtnership			
	Attorneys must provide a signed, notarized release from family Genealogists must provide a state-issued card					
	Funeral Home must be provider of death certificate					
	Do not retain copies of proof prov	ided or note any	y specific numbers			

Clerk's Initial_____

Marriage License

Full M	aiden Name of Bride:		_			
	ame of Groom:					
Date of	f Marriage:					
	nany copies?					
	ant Name:					
Applic	ant Address:					
Indicat	e your Relationship to the person on requested re	ecord bel	ow:			
	☐ Self/Spouse			Descendant		
	☐ Parent			Attorney of person on record		
	☐ Guardian			Genealogist ID #		
	Guardian			Genealogist ID #		
Γoday'	s Date:\$15 for 1 st copy, \$6 for 6	each addi	tion	al copy		
	Ψ13 101 1 - εοργ, φο 101 (cuen udan		ar copy		
	Below line is for C	lerk's use o	nly			
Proof of	fidentity of applicant:					
	Applicant must provi	ide one of t	hese.	<u>:</u>		
	Driver's License		Go	vernment issued picture I.D.		
	Passport					
_	OR two of	these:				
	Utility bills			cial Security Card		
	Bank statements	_		214		
	Vehicle registration			spital; birth worksheet		
	Income tax return Personal Check w/ address			ense/rental agreement v stub		
	A previously issued vital record		W-			
	Letter from government agency requesting record			ter Registration card		
_	(DHHS, WIC)			ability award from SSA		
	Department of Corrections I.D. card			ner		
	Establishing eligibility	to acquire				
	Related applicants must provide proof of lineage.					
	Genealogists must provide a state-issued card					
	Do not retain copies of proof prov	ided or note any	speci	fic numbers		

Clerk's Initial_____