

APPLICATION FORM FOR:

BIRTH CERTIFICATE, MARRIAGE LICENSE, DEATH CERTIFICATE

To insure a complete search, provide as much information as possible. Please complete for type of record requested, birth, death OR marriage.

Birth	Name at Birth _____	Birth	Name at Birth _____
	Date of Birth _____		Date of Birth _____
	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 _____		Date of Marriage _____
	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 _____

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 _____

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 _____

Phone number: () _____

Email: _____