

BIRTH

APPLICATION FOR A SEARCH FOR AN IOWA RECORD

Requests require the applicant's **current government- issued photo identification (e.g., driver's license) and signature signed in front of a notary public** or in the presence of an Iowa Registrar of Vital Records.

1. PERSON'S NAME AS IT APPEARS ON THE RECORD _____
FIRST MIDDLE, if any SURNAME (Last)
2. DATE OF BIRTH – BE SPECIFIC – Month/Day/Year _____
3. PLACE OF BIRTH (City and/or County) _____
4. MOTHER'S NAME PRIOR TO MARRIAGE – FIRST/MIDDLE, if any/LAST _____
5. FATHER'S FULL NAME – FIRST/MIDDLE, if any/SURNAME (Last) _____

6. WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH? Yes No Unknown
7. LEGAL ACTIONS PREVIOUSLY RECORDED (if any) None Adoption Paternity Establishment Legal Change of Name on Birth Certificate
- 7a. IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME (on birth certificate) _____
Marriage does NOT change the birth certificate.

8. PURPOSE FOR COPY _____ 9. BIRTHDATE of APPLICANT/RECIPIENT _____
10. HOW ARE YOU RELATED TO THE PERSON NAMED ON THE RECORD? _____
11. NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)
- 11a. Name of Applicant/Recipient _____
- 11b. Street address and P.O. Box (if any) _____
- 11c. City, State and Zip Code _____

12. THE SEARCH RESULT IS TO BE (Check one) Mailed Picked up (for in-person requests only)
13. THE NON-REFUNDABLE FEE TO SEARCH IS \$15.00 and one certified copy is issued if the record is located. Each additional copy of the same record is \$15.00. Indicate the number of copies of this record you need. _____
14. THIS SEARCH PAID BY (Check one) Check Money Order Cash (In-person only) 15. 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. Make checks and money orders payable to 'Iowa Dept. of Public Health' (state copy) or the appropriate county registrar of vital records.
16. APPLICANT'S NAME (Print clearly) _____ 17. 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.

18. APPLICANT'S SIGNATURE _____ 19. DATE _____

APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly) _____	Administrative Use Only I.D. _____ Initials _____
State of _____ County of _____ SS _____ (SEAL)	
Signed and affirmed in my presence on this _____ day of _____, _____	
_____, My commission expires: _____ (Notary Public Signature)	

BEFORE MAILING:

- INCLUDE A CLEAR PHOTOCOPY OF YOUR IDENTIFICATION (e.g., driver's license)
- SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC
- INCLUDE FEE PAYMENT AS DESCRIBED IN ITEM 13, 14 AND 15 ABOVE

SEE OTHER SIDE FOR ADDITIONAL INSTRUCTIONS