



OFFICE OF VITAL STATISTICS-BOROUGH OF ALPHA

APPLICATION FOR A CERTIFIED (SEALED) COPY OF A VITAL RECORD

**Please Note: Information Provided Must Exactly Match That on the Record Requested for Release**

If information you provide does not match our records a certified copy will NOT be issued

Name of Applicant:		Relationship to person on record (proof of relationship is required for certified copy):		Reason for Request: (Circle all that applies)  Drivers License Passport School/Sports Veterans Benefits Social Security Card Social Security Disability Medicare Welfare Other : _____
Current Mailing Address (must match ID):		<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
City:	State:	Zip Code:	Daytime Phone # :	
Applicant's Signature: <b>X</b>		Application Date:		
		Number of Copies Requested: <input type="text"/>		

<input type="checkbox"/> BIRTH	EXACT Date of Birth:	Full Name on Record:	Name of Father:	
		Full Maiden Name of Mother:	Place of Birth (City & County/State):	
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	EXACT Date of Event:	Full Name of Husband/Partner A:	Full Maiden Name of Wife/Partner B:	
		Place of Marriage (City & County/State):	County:	
<input type="checkbox"/> DEATH	EXACT Date of Death:	Full Name of Deceased:	Deceased Mother's Full Maiden Name:	
		Deceased Father's Full Name:	Place of Death(City & County/State):	Cause of Death to be listed on Certificate? (Circle one) <b>Y</b> <b>N</b>

**FOR OFFICE USE ONLY**

<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Waived	<b>Payment Amount:</b> \$ _____	<b>Identification Viewed:</b> <input type="checkbox"/> Driver's License (state): _____ <input type="checkbox"/> Passport (country): _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Copy Attached	<b>Processed By:</b> <input type="checkbox"/> _____ Laurie Barton, RMC, CMR <input type="checkbox"/> _____ Amy Sharpe, Deputy Clerk/Registrar
	<b>Date of Issue:</b> _____		

**APPLICATION CHECK LIST:**

- All Items on Application   
  Payment   
  Acceptable Forms of ID   
  Proof of Relationship   
  Mailing Address Matches ID