



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: X		Application Date:		
		Number of Copies Requested: \$15 per copy <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) Y N

FOR OFFICE USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Waived	Payment Amount: \$15.00 per copy \$	Identification Viewed: <input type="checkbox"/> Driver's License (state): _____ <input type="checkbox"/> Passport (country): _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Copy Attached	Processed By: <input type="checkbox"/> _____ Laurie Barton, RMC, CMR <input type="checkbox"/> _____ Helen Marino , Deputy Clerk/Registrar
	Date of Issue:		

APPLICATION CHECK LIST:

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