



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

| | | | |
|--|---------------------|--|--|
| Name of Applicant: | | Relationship to person on record (proof of relationship is required for certified copy): <input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other | Number of Copies Requested: <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div> PLEASE NOTE: \$15 per copy—must have exact cash or check made payable to: The Borough of Alpha |
| Current Mailing Address (must match ID): | | | |
| City: _____ | State: _____ | Zip Code: _____ | |
| Applicant's Signature: <div style="font-size: 2em; font-weight: bold;">X</div> | | Daytime Phone # : _____ Reason for Request: <input type="checkbox"/> Driver's License/ I.D. <input type="checkbox"/> Other _____ | |

| | | | | |
|---|-----------------------|---|--|--|
| <input type="checkbox"/> BIRTH | 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 | Date of Event: | Full Name of Husband/Partner A: | Full Maiden Name of Wife/Partner B: | |
| | | Place of Marriage (City & County/State): | Date of Birth (Applicant): | |
| <input type="checkbox"/> DEATH | Date of Death: | Full Name of Deceased: | Mother's Full Maiden Name: | |
| | | 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: <div style="font-size: 1.5em; font-weight: bold;">\$</div> | 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"/> _____ Christy Vishnesky, Deputy Clerk/Registrar |

APPLICATION CHECK LIST:

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