

<input checked="" type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy for an Apostille Seal <input type="checkbox"/> Certification	Requestor's Relationship to Person on Record <small>(proof is required for certified copy)</small>	Requestor's Signature
		Date (of request) / /
Name of Requestor		
First	Middle	
Last		
Current Mailing Address (must match address on ID)		
Street		
City	State	Zip Code
Email Address	Daytime Phone Number @ () -	
Reasons for Request		
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____		

<input type="checkbox"/> BIRTH			
Child's Name at Birth	First	Middle	Last
No. Requested Copies	Place of Birth	County	Date of Birth
	City	State	/ /
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)			
Parent A	First	Middle	Last
Parent B	First	Middle	Last
If Child's name was changed:			
New Name	Describe Change		

<input type="checkbox"/> MARRIAGE		<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> DOMESTIC PARTNERSHIP
No. Requested Copies	Place of Event	County	Date of Event
	City	State	/ /
Name of Spouses (name given at birth or on birth certificate / Maiden Name)			
Spouse A	First	Middle	Last
Spouse B	First	Middle	Last

<input type="checkbox"/> DEATH			
Name of Decedent	First	Middle	Last
No. Requested Copies	Place of Death	County	Date of Death
	City	State	/ /
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)			
Parent A	First	Middle	Last
Parent B	First	Middle	Last

Have you enclosed and completed all required information?

Completed Application Proof of Relationship
 Payment Acceptable Forms of ID
 Mailing Address Matches ID