



The Iowa Department of Health and Human Services offers commemorative records of a certificate for birth or marriage that occurred in the State of Iowa. A commemorative certificate is not a valid certified copy; therefore is not a legal document. The State of Iowa offers a certificate of birth resulting in stillbirth for events that occurred in the state.

This parchment certificate features a gold foil border, image of the state capital of Iowa, calligraphy print of the individuals' personal information and a gold embossed seal. The Birth and Marriage commemorative certificate is signed by both the Governor of Iowa and the State Registrar and the Certificate of Birth Resulting in Stillbirth is signed by the Deputy State Registrar. The memorable keepsake is 8-1/2" x 11" size, suitable for framing.

Who is entitled?

Birth and Marriage: Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians, legal representatives, and siblings must also provide additional proof of entitlement. The fee is \$35.00.

Certificate of Birth Resulting in Stillbirth: Only the parent(s) named on the certificate of Fetal Death may apply for the certificate. *A fetal death certificate must be filed for the parent(s) to obtain a certificate of birth resulting in stillbirth.* The fee is \$15.00.

The following is required when applying for a certificate:

- 1) Completed application that is legible and clearly identifies the event record and establishes entitlement to the record requested.
- 2) Applicant's current government issued photo identification (copy if sent by mail).
- 3) Payment in the amount of \$35 for EACH commemorative birth or marriage. Payment in the amount of \$15 for each certificate of birth resulting in stillbirth. Fees payable in U.S. funds by check or money order. Cash accepted in person ONLY.
- 4) SIGNATURE MUST BE NOTARIZED ON THE APPLICATION WHEN SUBMITTING VIA MAIL.

Certificates are delivered in protective envelopes within 60 days of application. Submit each fully completed application form with payment (check or money order) to:

**Iowa Department of Health and Human Services
Bureau of Health Statistics
Lucas State Office Building
1st Floor, 321 E. 12th Street
Des Moines, Iowa 50319-0075**

SEE OTHER SIDE FOR AN APPLICATION FORM

APPLICATION for IOWA COMMEMORATIVE CERTIFICATE

• **Submit all the following:**

- Completed COMMEMORATIVE/CERTIFICATE application for an **IOWA VITAL EVENT**;
- Payment in U.S. funds;
- Copy of current government issued photo ID;
- SIGNATURE MUST BE NOTARIZED WHEN MAILING THE REQUEST.

**DID THE EVENT OCCUR IN IOWA? If yes, continue.
If no, inquire with the state where the event occurred.**

1. **EVENT TYPE** (Check one) BIRTH MARRIAGE CERTIFICATE OF BIRTH RESULTING in STILLBIRTH

2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** _____
FIRST MIDDLE, if any LAST (Surname)

2a. **If for Marriage commemorative, SPOUSE'S NAME** _____
FIRST MIDDLE, if any LAST (Surname)

3. **DATE OF EVENT** (Birth, Marriage, Birth Resulting in Stillbirth) – BE SPECIFIC – Month, Day, Year _____

4. **PLACE OF EVENT – ONLY EVENTS THAT OCCUR IN IOWA** _____
(City and/or County)

5. **PARENT'S FULL NAME PRIOR TO ANY MARRIAGE** – First, Middle, Last (Surname) _____

6. **2ND PARENT'S FULL NAME** – First, Middle, Last (Surname) _____

7. (Birth Only) **WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?** Yes No Unknown

8. **LEGAL ACTIONS TO BIRTH RECORD** None Adoption Paternity Establishment Legal Change of Name

8a. **IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME** (on birth certificate) _____
Marriage does NOT change the birth certificate

9. **PURPOSE FOR COMMEMORATIVE** _____

10. **BIRTHDATE OF APPLICANT** _____

11. **RELATIONSHIP OF PERSON RECEIVING THIS COMMEMORATIVE TO PERSON NAMED ON THE RECORD** _____

12. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COMMEMORATIVE: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)**

12a. **Name of Applicant/Recipient** _____

12b. **Street address and P.O. Box** (if any) _____

12c. **City, State and Zip Code** _____

12d. **Phone Number** _____

13. **The certificate is to be:** (Check one) Mailed Picked up (for in-person requests only)

THE FEE IS \$35.00 and one COMMEMORATIVE CERTIFICATE will be issued.
THE FEE IS \$15.00 and one CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH will be issued.

14. **THIS REQUEST PAID BY** (Check one) Check Money Order Credit Card

15. **AMOUNT ENCLOSED** _____

I certify the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a commemorative certificate of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

16. **APPLICANT'S SIGNATURE** _____

17. **DATE** _____

<p>APPLICANT'S NAME AS IT APPEARS ON PHOTO I.D. (Print clearly) _____ (SEAL)</p> <p>State of _____ County of _____ ss</p> <p>Signed and affirmed in my presence on this _____ day of _____, _____.</p> <p>_____, My commission expires: _____</p> <p style="font-size: small;">Notary Public Signature</p>	<p>Administrative Use Only</p> <p>I.D. _____</p> <p>Initials _____</p>
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