IOWA Health and Human Services

Application to Order an Iowa Vital Record

Did the event occur in Iowa? If **yes**, continue. If **no**, you must apply in the state where the event occurred.

For State Office Use Only: Application ID: _____

1. **Event Type** (Check one)
   ☐ Birth ☐ Death ☐ Marriage ☐ Fetal Death

2. **Person's Name as it appears on the Record**

First	Middle, if any	Last Name (surname)

2a. If for Marriage Record, Spouse's Name

First	Middle, if any	Last Name (surname)

3. **Date of Event** (Birth, Death, Marriage, or Fetal Death) – 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, if any	Last Name (surname)

6. **2nd Parent's Full Name**

First	Middle, if any	Last Name (surname)

7. **Legal Actions to Birth Record**
   ☐ None ☐ Adoption ☐ Paternity Establishment ☐ Legal Change of Name

7a. If a Legal Action Occurred, List Previous Name (on birth certificate – Marriage does **not** change the birth certificate.)

First	Middle, if any	Last Name (surname)

8. Purpose for Copy

9. State of Birth of Applicant	**9a. Date of Birth of Applicant**

10. Relationship to person named on the Record

☐ Self ☐ Parent ☐ Sibling ☐ Spouse ☐ Child
☐ Grandparent ☐ Grandchild ☐ Legal Guardian ☐ Executor ☐ Attorney
☐ Other _____

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11. Name and address of person to receive this copy (must be aged 18 or older and entitled to the record)

11a. Name of Applicant/Recipient
11b. Street address and PO Box (if any)
11c. City, State, and ZIP Code
12. The Certificate is to be (check one) ☐ Mailed ☐ Picked up (for in-person requests only)
13. The fee is $20.00 for each certified copy ordered. **Indicate the number of copies** of this record you need: _____
14. This request is paid by: ☐ Check ☐ Money Order ☐ No Fee Exchange ☐ Credit Card
15. Amount Enclosed:

16. Applicant Email Address	**17. Daytime Phone** (include area code)

Submit **all** the following:

☐ Completed application for an **Iowa** birth, death, marriage or fetal death record;
☐ $20 fee payable by check, money order or credit card **only**;
☐ Copy of current government issued photo ID;
☐ **Signature must be notarized when mailing the request**.

Failure to complete the order as instructed will result in the order being returned unprocessed.

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

18. Applicant's Signature	**19. Date Signed**

Applicant's name as it appears on Photo ID: _____

State of County of ss

Signed and affirmed in my presence on this _____ day of _____, _____.

Notary Public's Signature	My commission expires:	**NOTARY SEAL**

Administrative Use Only

I.D. _____ Expiration Date _____

Initials _____