IOWA Health and Human Services

Application to Order an Iowa Vital Record

Instructions

Do not use any unapproved third-party vendor to obtain this form. Do not pay a fee for this form.

This form is available to print at no cost at: https://hhs.iowa.gov/vital-records/how-request-certified-record

Information about requesting a certified copy of an IOWA Birth, Death, Marriage, or Fetal Death Record

What records are available? In Iowa, vital record registration began July 1, 1880. The event must have occurred in **Iowa**. Records older than July 1, 1880, are not on file.

Where are records held? Original vital records that were registered are on file with the Iowa Health and Human Services, Bureau of Health Statistics. Vital records are also available for request at local county registrar offices in Iowa.

What records are open for public inspection? The state vital record system is closed to public inspection. However, birth, marriage, and death records may be inspected as of right under Iowa Code section 22 when in the custody of the county registrar. IAC 144.43

The following is REQUIRED when applying for a certified copy of an Iowa vital record:

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 of $20 for EACH certified copy requested. Fees payable in U.S. funds by check or money order.
4) **Signature must be notarized on the application when submitting via mail**.

Who is entitled to the record? Entitled persons include the person named on the record or that person's spouse, children, parents listed on record, grandparents, grandchildren, siblings, or legal representative or guardian. Proof of entitlement must be provided. Additional documentation to prove entitlement may be requested by the state or county office.

What is the fee? The fee for a certified copy of a vital record in Iowa is $20 each. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Fees must be paid at the time of the application. **The Bureau of Health Statistics does not accept cash.**

What is the process to exchange small wallet-sized birth cards? Any pink/blue wallet-sized birth certificates issued between May 1993 and October 2009 can be exchanged for no fee. Follow all instructions above for applying for a vital record in Iowa. The original pink/blue wallet birth certificate may be returned along with a completed application and proof of ID (current government-issued photo identification) to any issuing office in Iowa. 'If the wallet sized birth certificate is not surrendered, applications must be sent to the state office.

What if the order is not received in the mail? Most certificate requests are processed and mailed within approximately 4–6 weeks after we receive your completed application.

If you have not received your certificate 30 days after it was mailed, you may complete an Affidavit of Non-Receipt to request a replacement. Because customers do not always know the exact mailing date, you may contact the office that issued your certificate to confirm whether it has been mailed.

Please note:

- The affidavit can be completed between 30 and 90 days from the date the certificate was issued.
- Replacement certificates cannot be issued at no fee after 90 days.
- Replacement or re-issuance must occur through the office that originally issued the certificate.

Ways To Order from the Iowa Department of Health and Human Services or County Recorder

Telephone: Customers may call VitalChek **toll-free at 1-866-809-0290** from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. An additional processing fee will apply. Customers may call the bureau directly at 515-281-4944 to speak to state staff.

Website: Customers may visit our website and select from two options to order an Iowa vital record online.

- **Will Call - VitalChek:** This option should be used to order a vital record online and **pick up** in-person at the Bureau of Health Statistics office in Des Moines.
- **VitalChek:** This option should be used to order online and receive the order via a selected mailing service.

In-person: Applications may be made in-person at the Bureau of Health Statistics, 321 E. 12th Street, Des Moines, Iowa, from 7:00 a.m. to 4:30 p.m., Monday through Friday, except for state-observed holidays. All application requirements noted above will apply. Applications may also be made in person at the county recorder's offices. Visit our website (link at the top of this page) for a full list of records held at county recorder offices.

Postal service: Written requests and fees may be mailed to the address below or the county recorder's office. All application requirements noted above will apply.

Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants.

Commemorative Certificates – Information regarding commemorative certificates is available on our website.

To submit to the State office:

Iowa HHS
Bureau of Health Statistics
Lucas State Office Bldg., 1st Floor
321 E 12th St., Des Moines, IA 50319-0075

For a listing of County Recorder offices, visit https://iowalandrecords.org/recorder-directory

Form may be used for application at the bureau of health statistics or county recorder offices.

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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 _____