

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Records

CLERK OF DISTRICT COURT
Vital Records Transmittal Log

COUNTY _____

DATE _____

Forward completed transmittal log to the state vital records office **weekly**
in the pre-addressed, postage-paid envelopes furnished by the state office.

COMPLETED REPORTS	NUMBER ENCLOSED	FEES ENCLOSED
Abstract to Change Registrant's Legal Name on Birth Certificate (Requires fee)		
Abstract from Court Determination of Paternity		N/A
Abstract from Court Determination to Disestablish Maternity (Requires fee)		
Abstract from Court Determination to Disestablish Paternity (Requires fee)		
Certificate of Adoption Report (Requires fee)		
Court Order to Establish Delayed Certificate of Live Birth (Requires fee)		
Report of Dissolution of Marriage or Annulment		N/A