STATE OF IOWA IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Records

State Office Use Only					
Certificate No.					
Date Filed					

CONFIDENTIAL VERIFICATION OF BIRTH

COMPLETE PART 1 ONLY AND SUBMIT TO THE BUREAU OF VITAL RECORDS

PART 1. TO BE COMPLETE	ED IN FULL BY REQUES	TING AGENCY: (PLEA	SE TYPE OR PRINT LEG	GIBLY)	
Person Named on Record				Sex	
	First	Middle	Last	M/F	
Date of Birth		Place of Birth			
	th, Day and Year			City & County	
Full Maiden Name of Mother					
	First	Middle	•	Last	
Full Name of Father					
	First	Middle		Last	
Requesting Agency Informa	ation				
Agency Making This Request					
	Addre	ss	City	State/Zip	
Authorized Person Making T Request	This				
Request	, <u>, , , , , , , , , , , , , , , , , , </u>	Name		Title	
		Phone Number		FAX Number	
Authorized Signature					
			(Date	
PART 2. TO BE COMPLET	ED BY STATE VITAL RE	CORDS OFFICE and R	ETURNED TO APPL	ICANT:	
A search of Iowa vital records reveals the following about the above registrant:					
☐ The information that w	vas provided above	is correct according	to the record hel	d in this office.	

Bureau of Vital Records, Iowa Department of Public Health

_		Date
norized Vital Records ature		
The corrected information no	ted above reflects the record held in this offi	ice.
No record was located with t	he information as provided above.	

Chapter 144.45 provides that state agencies may, upon written request, be furnished with copies or data upon terms or conditions prescribed by the lowa Department of Public Health.

Chapter 144.45 further states that "no person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a birth, death, fetal death, or marriage except as authorized by this chapter."