



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

Date: _____

Iowa Department of Public Health
Vital Records Section
Lucas State Office Building
321 E. 12th Street
Des Moines, Iowa 50319-0075

Dear Vital Records Section:

Please send a certified copy of the birth certificate, if available, for the child named below.
We're requesting a certified copy because _____.

Child's Name: (FMLS): _____

Child's Sex: _____

Child's Date of Birth: _____

Birthplace (City and County): _____

Mother's Full Maiden Name (FMLS): _____

Father's Name: _____

Please return the certified copy of the birth certificate to the address listed below. Thank you for your help.

Child Support Recovery Unit, Support Recovery Supervisor