Iowa Department of Health and Human Services - Bureau of Health

| AFFIDAVIT OF NON-RECEIPT O | F A BIRTH, | <b>DEATH</b> | OR MARRIA | 4GE |
|----------------------------|------------|--------------|-----------|-----|
| CERTIFICATE                |            |              |           |     |

| CAS             |  |
|-----------------|--|
| _CAS ID Printed |  |

## IMPORTANT INSTRUCTIONS-PLEASE READ

- Please complete the form regarding the non-receipt of a certified copy of an Iowa birth, death, or marriage certificate in the mail.
- •This form may be completed between 30 and 90 days from the date the certificate was issued.
- •Replacement or re-issuance of a certificate must occur at the office where the original certificate was issued.
- Please note that the certificate will be mailed to the address provided on the

| application at the time of issuance.  |                    | JD          |                       |          |
|---|--------------------|-------------|-----------------------|----------|
| <ul><li>Please attach a photocopy of your governm</li><li>Your signature must be notarized on this fo</li></ul>                               |                    | ID          |                       |          |
| • Mail the completed affidavit and ID to the  |                    | Office that | issued the certific   | cate(s). |
| Applicant listed on original request - PRIN   | NT                 |             |                       |          |
| Address:  |                    |             |                       |          |
| City, State, Zip  |                    |             |                       |          |
| Telephone Number:   |                    |             |                       |          |
|   |                    |             |                       | _        |
| EVENT TYPE: (select)Birth   | DeathMarr          | iage        |                       |          |
| Person's name as it appears on the record   | Date of Event:     |             | County:               |          |
|   |                    |             |                       |          |
|   |                    |             |                       |          |
|   |                    |             |                       |          |
| I certify that the information provided on this have not received the certified copies of vita have legal entitlement to the certified copies | I records issued f | rom the sta | ate or county office, |          |
| I declare under penalty of perjury that the inf   | formation given in | this staten | nent is true and acc  | curate.  |
| Signature of Applicant  |                    |             |                       |          |
| State of County of  |                    |             |                       |          |
| Signed and affirmed before me this o  | day of             | , 20        | _                     |          |
| Notary Signature  |                    |             | SEAL                  |          |
| My Commission Expires   |                    |             |                       |          |