

# BIRTH

## APPLICATION FOR A SEARCH FOR AN IOWA RECORD

Requests require the applicant's **current government-issued photo identification (i.e., driver's license) and signature signed in front of a notary public** or in the presence of an Iowa Registrar of Vital Records.

1. **PERSON'S NAME AS IT APPEARS ON THE RECORD** \_\_\_\_\_  
FIRST MIDDLE, if any LAST (Surname)
2. **DATE OF BIRTH – BE SPECIFIC – Month, Day, Year** \_\_\_\_\_
3. **PLACE OF BIRTH (City and/or County)** \_\_\_\_\_
4. **PARENT'S NAME PRIOR TO ANY MARRIAGE – First, Middle, Last (Surname)** \_\_\_\_\_
5. **2<sup>ND</sup> PARENT'S FULL NAME – First, Middle, Last (Surname)** \_\_\_\_\_

6. **WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?**  Yes  No  Unknown
7. **LEGAL ACTIONS TO BIRTH RECORD**  None  Adoption  Paternity Establishment  Legal Change of Name
- 7a. **IF LEGAL ACTION OCCURRED, LIST PREVIOUS NAME** (on birth certificate) \_\_\_\_\_  
Marriage does NOT change the birth certificate.

8. **PURPOSE FOR COPY** \_\_\_\_\_ 9. **BIRTHDATE of APPLICANT** \_\_\_\_\_
10. **HOW ARE YOU RELATED TO THE PERSON NAMED ON THE RECORD?** \_\_\_\_\_
11. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)**
- 12a. **Name of Applicant/Recipient** \_\_\_\_\_
- 12b. **Street address and P.O. Box (if any)** \_\_\_\_\_
- 12c. **City, State and Zip Code** \_\_\_\_\_
12. **THE SEARCH RESULT IS TO BE** (Check one)  Mailed  Picked up (for in-person requests only)
13. **THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00** and one certified copy is issued if the record is located. Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. \_\_\_\_\_
14. **THIS SEARCH PAID BY** (Check one)  Check  Money Order  Cash (In-person only) 15. **AMOUNT ENCLOSED** \_\_\_\_\_

Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must be in U.S. funds and included with this application. Make checks and money orders payable to the 'Iowa Dept. of Public Health' (for state copies) or the appropriate county registrar of vital records in the county of the event (for county copies).

16. **APPLICANT'S NAME** (Print clearly) \_\_\_\_\_ 17. **DAYTIME PHONE #** \_\_\_\_\_  
(Include area code)

I certify 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.

18. **APPLICANT'S SIGNATURE** \_\_\_\_\_ 19. **DATE** \_\_\_\_\_

<p><b>APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly)</b> _____</p> <p>State of _____ County of _____ ss (SEAL)</p> <p>Signed and affirmed in my presence on this ____ day of _____, _____.</p> <p>_____, My commission expires: _____ (Notary Public Signature)</p>	<p><b>Administrative Use Only</b></p> <p>I.D. _____</p> <p>Initials _____</p>
--	---

### PRIOR TO MAILING:

- **INCLUDE A CLEAR PHOTOCOPY OF YOUR GOVERNMENT-ISSUED PHOTO IDENTIFICATION (e.g., driver's license)**
  - **SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC**
  - **INCLUDE PAYMENT AS DESCRIBED IN ITEM 13, 14 AND 15 ABOVE**