

MARRIAGE

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. **PARTY A NAME ON RECORD** _____
Bride Groom Spouse (circle one) FIRST MIDDLE, if any LAST BEFORE ANY MARRIAGE LAST AFTER THIS MARRIAGE

2. **PARTY B NAME ON RECORD** _____
Bride Groom Spouse (circle one) FIRST MIDDLE, if any LAST BEFORE ANY MARRIAGE LAST AFTER THIS MARRIAGE

3. **DATE OF MARRIAGE – BE SPECIFIC –** Month, Day, Year _____

4. **PLACE OF MARRIAGE** (City and County where license was obtained) _____

5. **PURPOSE FOR COPY** _____ 6. **BIRTHDATE of APPLICANT** _____

7. **HOW ARE YOU RELATED TO THE PERSON NAMED ON THE RECORD?** _____

8. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY:** (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)

8a. **Name of Applicant/Recipient** _____

8b. **Street address and P.O. Box** (if any) _____

8c. **City, State and Zip Code** _____

9. **THE SEARCH RESULT IS TO BE** (Check one) Mailed Picked up (for in-person requests only)

10. **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. _____

11. **THIS SEARCH PAID BY** (Check one) Check Money Order Cash (In-person only) 12. **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 where the license to marry was issued (for county copies).

13. **APPLICANT'S NAME** (Print clearly) _____ 14. **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.

15. **APPLICANT'S SIGNATURE** _____ 16. **DATE** _____

<p>APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly) _____</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: _____</p> <p>(Notary Public Signature)</p>	<p>Administrative Use Only</p> <p>I.D. _____</p> <p>Initials _____</p>
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PRIOR TO MAILING:

- **INCLUDE A CLEAR PHOTOCOPY OF YOUR GOVERNMENT-ISSUED PHOTO IDENTIFICATION (e.g., driver's license)**
 - **NOTARIZE YOUR SIGNATURE ON THIS APPLICATION**
 - **INCLUDE PAYMENT AS DESCRIBED IN ITEM 10, 11 AND 12 ABOVE**