DEATH

APPLICATION FOR A SEARCH FOR AN IOWA RECORD

Check One ❒ DEATH ❒ FETAL DEATH ❒ BIRTH RESULTING IN STILLBIRTH (Fetal Death must be on file)

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

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1. **DECEASED AS NAMED ON THE RECORD** _____
   FIRST MIDDLE, if any LAST (Surname)
2. **DATE OF DEATH** – BE SPECIFIC – Month, Day, Year _____
3. **PLACE OF DEATH** (City and/or County) _____
4. **PARENT'S FULL NAME PRIOR TO ANY MARRIAGE–** First, Middle, Last (Surname) _____
5. **2ND PARENT'S FULL NAME –** First, Middle, Last (Surname) _____

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6. **PURPOSE FOR COPY** _____ **5. 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)

   7a. Name of Applicant/Recipient _____

   7b. Street address and P.O. Box (if any) _____

   7c. 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 of the event (for county copies).

13. **APPLICANT'S NAME** (Print clearly) _____ **14. DAYTIME PHONE #** _____
    (Include area code)

I certify that the information that I 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** _____

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

BEFORE MAILING:

- **INCLUDE A CLEAR PHOTOCOPY OF YOUR GOVERNMANET-ISSUED PHOTO IDENTIFICATION (e.g., driver's license)**
- **SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC**
- **INCLUDE FEE PAYMENT AS DESCRIBED IN ITEM 10, 11 AND 12 ABOVE**