

# VITAL RECORDS REQUEST FORM

Type of Request: Phone / Walk-In

## REQUESTOR CONTACT INFORMATION

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## BIRTH RECORD

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Mother: \_\_\_\_\_  
Name of Father: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

## MARRIAGE RECORD

Name of 1<sup>st</sup> Party: \_\_\_\_\_  
Name of 2<sup>nd</sup> Party: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

## DEATH RECORD

Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Place of Death: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

## FOR OFFICE USE ONLY

Total Fee: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_

Received By: \_\_\_\_\_  
Date Picked Up: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_