

**APPLICATION FORM FOR:**  
**BIRTH, MARRIAGE AND DEATH CERTIFICATES**

To insure a complete search, provide as much information as possible. Please complete for type of record requested, birth, death OR marriage.

<b>Birth</b>	Name at Birth _____	<b>Birth</b>	Name at <b>Birth</b> -----
	Date of Birth -----		Date of Birth -----
	Place of Birth _____		Place of Birth _____
	Fathers <b>Name</b> -----		Fathers <b>Name</b> -----
	Mother's Maiden Name _____		Mothers Maiden Name _____
<b>Marriage</b>	Name of Bride _____	<b>Marriage</b>	Name of Bride _____
	Name of <b>Groom</b> -----		Name of <b>Groom</b> -----
	Date of <b>Marnage</b> -----		Date of <b>Marnage</b> -----
	Place of Marnage and/or <b>License</b> -----		Place of Marnage and/or <b>License</b> -----
<b>Death</b>	Name at Death _____	<b>Death</b>	Name at Death _____
	____ Date of Death _____ Age at Death _____		____ Date of Death _____ Age at Death _____
	____ Place of <b>Death</b> -----		____ Place of <b>Death</b> -----
	____		____
	Names of <b>Parents</b> -----		Names of <b>Parents</b> -----
	Name of <b>Spouse</b> -----		Name of Spouse _____

For what purpose is information required? \_\_\_\_\_

What is your relationship to person whose record is requested? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**ADDRESS**

Send record to: (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If requesting birth and marriage records, please sign the following statement:

To the best of my knowledge, the person(s) named in the application are deceased.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_