

<input type="checkbox"/> <b>Certified Copy</b> <input type="checkbox"/> <b>Certified Copy for an Apostille Seal</b> <input type="checkbox"/> <b>Certification</b>	<b>Requestor's Relationship to Person on Record</b> <i>(proof is required for certified copy)</i>	<b>Requestor's Signature</b>  Date (of request)    /    /
<b>Name of Requestor</b> First                                  Middle Last		<b>Reasons for Request</b> <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> School / Sports <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Card / Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare / Disability <input type="checkbox"/> Other: _____
<b>Current Mailing Address (must match address on ID)</b> Street City                                  State                                  Zip Code		
<b>Email Address</b> @                                  .	<b>Daytime Phone Number</b> (    )    -    _____	

<input type="checkbox"/> <b>BIRTH</b>				
<b>Child's Name at Birth</b> First                                  Middle                                  Last				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>No. Requested Copies</b></td> <td style="width:35%;"><b>Place of Birth</b> City                                  State</td> <td style="width:15%;"><b>County</b></td> <td style="width:35%;"><b>Date of Birth</b> / /</td> </tr> </table>	<b>No. Requested Copies</b>	<b>Place of Birth</b> City                                  State	<b>County</b>	<b>Date of Birth</b> / /
<b>No. Requested Copies</b>	<b>Place of Birth</b> City                                  State	<b>County</b>	<b>Date of Birth</b> / /	
<b>Name of Child's Parents (name given at birth or on birth certificate / Maiden Name)</b> Parent A    First                                  Middle                                  Last Parent B    First                                  Middle                                  Last				
<b>If Child's name was changed:</b> New Name                                  Describe Change				

<input type="checkbox"/> <b>MARRIAGE</b>	<input type="checkbox"/> <b>CIVIL UNION</b>	<input type="checkbox"/> <b>DOMESTIC PARTNERSHIP</b>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>No. Requested Copies</b></td> <td style="width:40%;"><b>Place of Event</b> City                                  State</td> <td style="width:15%;"><b>County</b></td> <td style="width:30%;"><b>Date of Event</b> / /</td> </tr> </table>	<b>No. Requested Copies</b>	<b>Place of Event</b> City                                  State	<b>County</b>	<b>Date of Event</b> / /
<b>No. Requested Copies</b>	<b>Place of Event</b> City                                  State	<b>County</b>	<b>Date of Event</b> / /	
<b>Name of Spouses (name given at birth or on birth certificate / Maiden Name)</b> Spouse A    First                                  Middle                                  Last Spouse B    First                                  Middle                                  Last				

<input type="checkbox"/> <b>DEATH</b>				
<b>Name of Decedent</b> First                                  Middle                                  Last				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>No. Requested Copies</b></td> <td style="width:40%;"><b>Place of Death</b> City                                  State</td> <td style="width:15%;"><b>County</b></td> <td style="width:30%;"><b>Date of Death</b> / /</td> </tr> </table>	<b>No. Requested Copies</b>	<b>Place of Death</b> City                                  State	<b>County</b>	<b>Date of Death</b> / /
<b>No. Requested Copies</b>	<b>Place of Death</b> City                                  State	<b>County</b>	<b>Date of Death</b> / /	
<b>Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name)</b> Parent A    First                                  Middle                                  Last Parent B    First                                  Middle                                  Last				

Have you enclosed and completed all required information?

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Proof of Relationship      |
| <input type="checkbox"/> Payment               | <input type="checkbox"/> Acceptable Forms of ID     |
|  | <input type="checkbox"/> Mailing Address Matches ID |

FOR STATE USE ONLY			
REG-37a SEP 17	<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	<b>Amount:</b> \$   _____	<input type="checkbox"/> ID Viewed <b>Processed By:</b> _____