DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-05214 (Rev. 03/2016)

VITAL RECORDS OFFICE APPLICATION FOR IN-PERSON SEARCH

SECTION I – APPLICANT INFORMATION (Please print)								
NAME - First	Middle			Last				Check if first visit
STREET ADDRESS	1							_
СІТҮ					ST	TATE		ZIP CODE
DAYTIME TELEPHONE NUMBER				EMAIL AD	DRESS			_
TYPE OF CURRENT VALID PHOTO ID	PHOTO I	D NUMBER			ST	ΓΑΤΕ C	OF ISSUANCE	EXPIRATION DATE
SECTION II – PURPOSE OF TH	IIS SEAF	۲CH			I			
Professional Genealogy Research Medical Study Research								
Personal Genealogy Research Other (Provide explanation)								
SECTION III – VITAL RECORD								
Type of Records to be Searched		BIRTH		DEATH	C] M/	ARRIAGE	
FAMILY SURNAME	APPROXIMATE DATES					COUNTIES		
I have read the Administrative Ru Searching and agree to abide by the application of penalties presc	them. I cribed in t	understand the Adminis	I that fail strative R	lure to com Rule.	ply with th	hose i	regulations ar	nd rules may result in
I agree to check any items not pe be liable for any lost or stolen iter		nto the reco	ords area	a with the \	/ital Reco	ords s	1	
SIGNATURE							Date Signed	(MM/DD/YYYY)