## APPLICATION FOR RESTRICTED CERTIFIED COPY OF A BIRTH OR DEATH RECORD

## PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1	Registrant Information:  Birth (\$25.00 per copy) or Death (\$21.00 per copy)  Death (\$21.00 per copy)					
	Name:First	Middle		Last		
	Date of Birth/Death: Ci		City of Birth/I	Eity of Birth/Death:		
	Month, Day, Year					
	Father's Name:First		Middle	Last		
	Mother's Maiden Name:					
		First	Middle	Last (Maiden)		
2	Applicant Information:					
	Name:First	Middle		Lost		
	Address:			Last		
	Number and S	treet C	ity	State	Zip Code	
	Mailing Address: If different than above Number	er and Street	City	State	Zip Code	
	Telephone Number: () With Area Code					
3	Anyone may obtain a restricted certified copy of a birth or death record. The record is for informational purposes only and may not be used to establish identity. Restricted copies will have across the face of the document the words:  "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"					
	If you need a certified copy to obtain a driver's license, passport, or register for insurance coverage you should not use a restricted certified copy of a birth or death record.					
4						
	APPLICANT SIGNATURE:			DATE:		
	Office use only: Receipt # Paper #		#	Date		
	Clerk Cash	Check#	MO#	Pick up	Mail	