

GENEALOGY APPLICATION FOR BIRTH RECORD

*Identification required*

- PLEASE COMPLETE ONE APPLICATION PER REQUEST
- RETURN TO HEALTH DEPARTMENT WITH PAYMENT AND STAMPED, SELF-ADDRESSED ENVELOPE
- MAKE SURE TO INCLUDE IDENTIFICATION
- NO TELEPHONE REQUEST FOR VERIFICATION WILL BE ACCEPTED
- IF RECORD IS NOT FOUND, YOUR MONEY WILL BE RETURNED

FULL NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_

NAME OF MOTHER (List Maiden Name) \_\_\_\_\_

YOUR NAME \_\_\_\_\_ RELATIONSHIP TO PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip

UN-CERTIFIED RECORDS OF BIRTH ARE \$1.00 EACH

GENEALOGY APPLICATION FOR DEATH RECORD

*Identification required*

- PLEASE COMPLETE ONE APPLICATION PER REQUEST
- RETURN TO HEALTH DEPARTMENT WITH PAYMENT AND STAMPED, SELF-ADDRESSED ENVELOPE
- MAKE SURE TO INCLUDE IDENTIFICATION
- NO TELEPHONE REQUEST FOR VERIFICATION WILL BE ACCEPTED
- IF RECORD IS NOT FOUND, YOUR MONEY WILL BE RETURNED

FULL NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_ BIRTHDATE OF DECEASED \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

YOUR NAME \_\_\_\_\_ RELATIONSHIP TO PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip

UN-CERTIFIED RECORDS OF DEATH ARE \$1.00 EACH