

**APPLICATION FOR A NON-GENEALOGICAL
CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD**

<input type="checkbox"/> Certified Copy <input type="checkbox"/> Certified Copy For an Apostille Seal <input type="checkbox"/> Certification	Requester's Relationship to Person on Record Spouse or Spouse/In-Caregiver	Requester's Signature Date of request: / /
Name of Requester First: Middle: Last:		Reasons for Request <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:
Current Mailing Address (current and address on ID) Street: City: State: Zip:		
Email Address @ .	Daytime Phone Number () -	

<input type="checkbox"/> BIRTH			
Child's Name at Birth	First: Middle: Last:		
No. Requested Copies	Place of Birth City: State: Zip:	County	Date of Birth / /
Name of Child's Parents (name given at birth or on birth certificate / Maiden Name) Parent A: First: Middle: Last: Parent B: First: Middle: Last:			
Is Child's name ever changed? Yes/No: Reason: Change:			

<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> CIVIL UNION	<input type="checkbox"/> DOMESTIC PARTNERSHIP	
No. Requested Copies	Place of Event City: State: Zip:	County	Date of Event / /
Name of Spouses (name given at birth or on birth certificate / Maiden Name) Spouse A: First: Middle: Last: Spouse B: First: Middle: Last:			

<input type="checkbox"/> DEATH			
Name of Decedent	First: Middle: Last:		
No. Requested Copies	Place of Death City: State: Zip:	County	Date of Death / /
Name of Decedent's Parents (name given at birth or on birth certificate / Maiden Name) Parent A: First: Middle: Last: Parent B: First: Middle: Last:			

**Have you enclosed and completed all
required information?**

☐ Completed Application
☐ Payment

☐ Proof of Relationship
☐ Acceptable Form of ID
☐ Mailing Address Matches ID

Jmpd Application Forms

M Walker



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