VS6-9/03

Commonwealth of Virginia
Application for Certification of a Vital Record

Anyone requesting a vital record must submit a photocopy of their identification. See list on the reverse side.

Virginia statutes require a fee of **$12.00** be charged for each certification of a vital record or for a search of the files when no certification is made. Please make check or money order payable to **State Health Department.** There is a **$30.00** service charge for returned checks.

Name of Requester: _____ Daytime Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

What is your relationship to the person named on the certificate? _____

Please state your direct and tangible interest in receiving this certificate: _____

_____

I understand that making a false application for a Vital Record is a **FELONY** under state and federal law.

Signature of Applicant: _____

BIRTH CARDS ARE NO LONGER AVAILABLE.

BIRTH

Number of Copies:
Paper: _____

Name at Birth: _____
If name has changed since birth due to adoption, court order, or any reason other than marriage please list changed name here:

_____

Date of Birth: _____ Race: _____ Sex: _____

Place of Birth: _____ Hospital of Birth: _____
(City/County in Virginia)

Full Maiden Name of Mother: _____

Full Name of Father: _____

☐ **DEATH** ☐ **STILLBIRTH**

Number of Copies: _____

Name of Deceased: _____

Date of Death: _____ Age at Death: _____ Race: _____ Sex: _____

Place of Death: _____ Hospital Name: _____
(City/County in Virginia)

Full Maiden name of Mother: _____

Full Name of Father: _____

MARRIAGE

Number of Copies: _____

Full Name of Husband: _____

Full Name of Wife: _____

DIVORCE

Number of Copies: _____

Marriage - Date: _____ Place: _____

Divorce - Date: _____ Place: _____
(City/County in Virginia)

If Marriage, place where license was issued: _____

Please indicate the address you wish the certificate(s) mailed to in the box below. -- Please type or print clearly.

Name
Address
City/State/Zip

Send Completed Application To:

Division of Vital Records
P. O. Box 1000
Richmond, VA 23218-1000
(804) 662-6200