

COMMONWEALTH OF VIRGINIA Application for Certification of a Vital Record

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 \$50.00 service charge for returned checks.

Name of Requester: _____ Daytime Phone Number (_____) _____
(person requesting the certificate)

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

What is your **relationship** to the person named on the certificate? (Check one)

Self Mother Father Child Current Spouse Sister Brother Maternal Grandparent
 Paternal Grandparent Legal Guardian (submit custody order) Other (Specify) _____

What is your reason for requesting this certificate? _____

I understand that making a **FALSE** application for a vital record is a **FELONY** under state and federal law.

Signature of Requester: _____

IMPORTANT: The person requesting the vital record must submit a copy of their identification. See list on reverse side.

BIRTH CARDS ARE NO LONGER AVAILABLE.	
BIRTH	Name at Birth: _____
Number of Copies of Paper: _____	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: _____ <small>(City/County in Virginia)</small>
	Full Maiden Name of Mother: _____
	Full Name of Father: _____
<input type="checkbox"/> DEATH <input type="checkbox"/> STILLBIRTH	
Number of Copies: _____	Name of Deceased: _____
	Date of Death: _____ Age at Death: _____ Race: _____ Sex: _____
	Place of Death: _____ Hospital Name: _____ <small>(City/County in Virginia)</small>
	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: _____ <small>(City/County in Virginia)</small>
	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
www.vdh.virginia.gov

The State Registrar reserves the right (§32.1-271C) to accept or deny any application submitted.

ACCEPTABLE IDENTIFICATION

SUBMIT ONE (1) DOCUMENT FROM THE PRIMARY LIST OR TWO (2) DOCUMENTS FROM THE SECONDARY LIST.

The acceptable documents listed may change without prior notice.

PRIMARY LIST	
1.	Photo Drivers License issued by US DMV office - unexpired or expired for not more than one year
2.	Photo Learners/Instruction Permit issue by US DMV office - unexpired or expired for not more than one year
3.	Photo Identification Card issued by US DMV Office - <i>unexpired or expired for not more than one year</i>
4.	Current Photo Identification Card - (school, employment). <i>Check Cashing Cards are not acceptable</i>
5.	Military Card - unexpired - active duty or retired member
6.	U.S. Passport – unexpired
7.	Foreign Passport with Visa, I-94 or I-94W - unexpired
8.	U.S. Certificate of Naturalization - (form N-550, N-570 or N-578)
9.	U.S. Certificate of Citizenship - (form N-560 or N-561)
10.	U.S. Citizen Identification Card - (form I-197)
11.	Temporary Resident Card - unexpired - (form I-688)
12.	Employment Authorization Card - unexpired - (form I-688A, I-688B)
13.	Refugee Travel Document - unexpired- (form I-571)
14.	Resident Alien Card – unexpired - (form I-551)
15.	Permanent Resident Card - unexpired - (form I-551)
16.	Northern Marianas Card - unexpired - (form I-551)
17.	Asylum - A copy of the first and last page of application for Asylum
18.	Birth Abroad (Consular Report) of a Citizen of the U.S.A. (form FS-240)
19.	Birth Abroad (Certification of Report) of a Citizen of the U.S.A.
20.	Virginia Criminal Justice Agency Offender Information Form
21.	United States Probation Offender Information Form
SECONDARY LIST	
22.	U.S. Selective Service Card
23.	U.S. Military Discharge Papers - (form DD214)
24.	Certified School Records/Transcript issued by a U.S. state or territory
25.	Enrollment, Certificate of - issued by VA Dept of Education
26.	Life insurance policy
27.	Health care insurance card
28.	Welfare/social services identification card with photo - unexpired – issued by municipality
29.	Photo Drivers License - issued by US DMV office <i>expired not more than 5 years</i>
30.	Photo Learners/Instruction Permit - issued by US DMV office <i>expired not more than 5 years</i>
31.	Photo Identification card - issued by US DMV office <i>expired not more than 5 years</i>
32.	U. S. Passport - expired not more than 5 years
33.	Foreign Passport - expired not more than 5 years, with a VISA,
34.	Military dependent ID card, with photo - unexpired
35.	Weapons or gun permit issued by federal state or municipal government-unexpired
36.	Pilots License – unexpired
37.	INS form I-797 (applicable only for individuals whose names appear on the form)
38.	IAP-66 U.S. Department of State form (applicable only for the individuals whose names appear on the form).
39.	Veterans Universal Access Identification Card