

**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.

IMPORTANT: The person requesting the vital record must submit an enlarged, legible (readable) and clear photo copy of their identification. (See list on reverse side)

REQUESTER INFORMATION				FOR DVR USE ONLY	
NAME OF REQUESTER			Daytime Phone Number		
ADDRESS	CITY	STATE	ZIP CODE		
WHAT IS YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE? (CHECK ONE)					
<input type="checkbox"/> SELF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT ONE <input type="checkbox"/> PARENT TWO <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> CURRENT SPOUSE <input type="checkbox"/> ADULT SISTER <input type="checkbox"/> ADULT BROTHER <input type="checkbox"/> MATERNAL GRANDPARENT <input type="checkbox"/> PATERNAL GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <i>(Submit custody paper)</i> <input type="checkbox"/> OTHER <i>(Specify)</i> _____					
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. I certify and affirm that all information on this form is true and correct.					
SIGNATURE OF REQUESTER: _____					

BIRTH CERTIFICATE INFORMATION					
NUMBER OF COPIES	NAME AT BIRTH (first)		(middle)	(last)	(suffix)
If name has changed since birth due to adoption, court order or any reason other than marriage, please list changed name here.					
(first)	(middle)	(last)	(suffix)		
DATE OF BIRTH	RACE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
PLACE OF BIRTH (city or county in Virginia)			HOSPITAL OF BIRTH (if any)		
FULL MAIDEN NAME OF MOTHER or PARENT ONE: (first) (middle) (last) (suffix) (maiden name if any)					
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
FULL NAME OF FATHER OR PARENT TWO: (first) (middle) (last) (suffix) (maiden name if any)					
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					

DEATH CERTIFICATE INFORMATION (Check one) <input type="checkbox"/> Death <input type="checkbox"/> Stillbirth					
NUMBER OF COPIES	NAME AT DEATH (first)		(middle)	(last)	(suffix)
DATE OF DEATH	AGE AT DEATH	RACE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF DEATH (city or county in Virginia)			HOSPITAL NAME (if any)		
FULL MAIDEN NAME OF MOTHER OR PARENT ONE: (first) (middle) (last) (suffix) (maiden name if any)					
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
FULL NAME OF FATHER OR PARENT TWO: (first) (middle) (last) (suffix) (maiden name if any)					
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					

MARRIAGE AND DIVORCE INFORMATION (Check one or both) <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce					
PARTY ONE (Check one) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Spouse (first) (middle) (last) (suffix) (maiden name if any)					
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
PARTY TWO (Check one) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Spouse (first) (middle) (last) (suffix) (maiden name if any)					
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
NUMBER OF COPIES	DATE OF MARRIAGE	PLACE OF MARRIAGE (city or county in Virginia)			CIRCUIT COURT WHERE LICENSE WAS ISSUED
NUMBER OF COPIES	DATE OF DIVORCE	PLACE OF DIVORCE (city or county Circuit Court)			

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 CODE

Send Completed Application To:
 Division of Vital Records
 P. O. Box 1000
 Richmond, VA 23218-1000

Contact Information:
 (804) 662-6200
www.vdh.virginia.gov/vital_records/