

**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 <b>FALSE</b> application for a vital record is a <b>FELONY</b> 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/](http://www.vdh.virginia.gov/vital_records/)

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 Driver's License issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year)	2.	Learners/Instruction Permit issue by U.S. state, territory or jurisdiction (unexpired or expired for not more than one year)
3.	Photo Identification Card issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year)	4.	Current Photo Identification Card - (school or employment with identification number; <i>check cashing cards are not acceptable</i> )
5.	Unexpired U.S. Military Card of an active duty or retired member	6.	U.S. Passport or passport card - unexpired
7.	Unexpired Foreign Passport with Visa, I-94 or I-94W	8.	U.S. Certificate of Naturalization (form N-550, N-570, N-578)
9.	US Certificate of Citizenship (form N-560, N-561)	10.	U.S. Citizen Identification Card (form I-197)
11.	Temporary Resident Card (unexpired form I-688)	12.	Employment Authorization Document (unexpired form I-766)
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.	Consular Report of Birth Abroad (form FS-240)
19.	Certification of Report of Birth of a U.S. citizen (DS-1350)	20.	Virginia Criminal Justice Agency Offender Information Form
21.	U.S. Probation Offender Information Form	22.	Certificate of Birth Abroad (FS-545)

### SECONDARY LIST

23.	U.S. Selective Service Card	24.	U.S. Military Discharge Papers (form DD214)
25.	Certified School Records/Transcript issued by a U.S. state or territory	26.	Certificate of Enrollment issued by Virginia Department of Education
27.	Life insurance policy	28.	Health care insurance card – (i.e. Medicare Card, Medicaid Card)
29.	Unexpired Welfare/Social Services identification card with photo issued by municipality	30.	State issued driver's license or learner's/instruction permit with photo; expired not more than 5 years
31.	State issued photo identification card - expired not more than 5 years	32.	U.S. Passport or passport card - expired not more than 5 years
33.	Unexpired Military Dependent I.D. card with photo	34.	Foreign Passport - expired not more than 5 years with a U.S. VISA
35.	Unexpired weapon or gun permit issued by federal, state or municipal government	36.	Unexpired pilot license
37.	Veteran's Universal Access Identification Card	38.	INS form I-797 (applicable only for the individual whose name appears on the form)
39.	USCIS student or dependent SEVIS I-20 with or without USCIS stamp (Applicant's name must appear on the form)	40.	U.S. Department of State form DS-2019 (Applicant's name must appear on the form)