

VITAL STATISTICS RECORD

DATE _____

NUMBER OF COPIES _____

PLEASE ISSUE ME A CERTIFIED COPY OF THE RECORD OF THE BIRTH OR DEATH CERTIFICATE

Birth Certificates: \$22.00

Death Certificates: \$20.00

NAME

LAST

FIRST

MIDDLE

DATE OF BIRTH / DEATH

PLACE OF BIRTH / DEATH

FULL NAME OF FATHER

LAST

FIRST

MIDDLE

FULL NAME OF MOTHER

MAIDEN

FIRST

MIDDLE

APPLICANT

ADDRESS OF APPLICANT

RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED