

Persons Eligible to Receive Certified Copies of Birth, Death and Marriage Records

- The person named on the record
- The mother of the person named on the record
- The father of the person named on the record
- The brother or sister of the person named on the record
- The child or children of the person named on the record: they must be 18 years of age.
- The grandchild of the person named on the record.
- The Grandparent of the person named on the record can only receive a certified copy only if they have custody and must produce custody papers.
- Distant Relatives and/or Legal Guardians of the person named on the certificate, but they must have Custodial Papers
- Requests made on behalf of others must include a signed notarized statement authorizing the release of the record to that person. It must include all the required information to process the request: It must also include the proper identification of the person that we are releasing the record to,
- Legal Representatives can receive certified copies of birth, death and marriage certificates only if they submit legal documentation stating that they are the legally appointed representative and provide proper identification, along with all the required information needed to process the request.
- Or they can follow the same rules as Requests made on behalf of others.
- People requesting records for real estate or property must have the title company request on their behalf.

Persons Not Eligible to Receive Certified Copies of Birth, Death and Marriage Records

- Grandparents (unless they have custody and can produce custodial papers)
- Aunts
- Uncles
- Cousins
- In-Laws
- Ex-Spouses
- All other Non-Relatives

However all the persons listed above can received certification as long as they have all the required information needed to process the request.

APPLICATION FOR A **NON-GENEALOGICAL CERTIFICATION**
OR **CERTIFIED COPY OF A VITAL RECORD**
APLICACIÓN PARA COPIAS CERTIFICADAS Ó
CERTIFICACIONES DE REGISTROS CIVILES NO-ANCESTRO

<input type="checkbox"/> I would like a Certified Copy. <i>(Quiero una copia certificada.)</i>			Preferred format (if available): <i>(Prefiero:)</i>		
<input type="checkbox"/> I will be forwarding the Certified Copy for an Apostille Seal. <i>(Enviaré esta copia certificada para ser Apostillada.)</i>			<input type="checkbox"/> Computer Generated copy of original. <i>(Copia del Original-Generado por Computadora)</i>		
<input type="checkbox"/> I would like a Certification. <i>(Quiero una certificación.)</i>			<input type="checkbox"/> Digital Image/Photocopy of original. <i>(Imagen Digital/Fotocopia del Original)</i>		
Name of Applicant <i>(Nombre de Apicante)</i>		Relationship to person on record (Proof is required if certified copy requested.) <i>[Relación al individuo (Prueba es requerida para copia certificada.)]</i>		Reasons for Request: <i>(Motivo de solicitud)</i>	
Current Mailing Address (Must Match address on ID) <i>[Dirección Postal (Debe coincidir con identificación)]</i>				<input type="checkbox"/> Passport <i>(Pasaporte)</i> <input type="checkbox"/> Driver's License <i>(Licencia de Conducir)</i> <input type="checkbox"/> School/Sports <i>(Escuela/Deportes)</i> <input type="checkbox"/> Veterans' Benefits <i>(Beneficios veteranos)</i> <input type="checkbox"/> Social Security Card <i>(Tarjeta Seguro Social)</i> <input type="checkbox"/> Social Security Disability <i>(SSI / Incapacidad)</i> <input type="checkbox"/> Other SS Benefits <i>(Otros beneficios de seguro social)</i> <input type="checkbox"/> Medicare <i>(Medicare)</i> <input type="checkbox"/> Welfare <i>(Asistencia Pública)</i> <input type="checkbox"/> Other <i>(Otro)</i> _____	
City <i>(Ciudad)</i>	State <i>(Estado)</i>	Zip Code <i>(Codigo Postal)</i>	Daytime Telephone Number <i>(Número Telefónico)</i>		
Applicant's Signature <i>(Firma del Apicante)</i>			Date of Application <i>(Fecha)</i>		

<input type="checkbox"/> BIRTH <i>(NACIMIENTO)</i>	Full Name of Child at Time of Birth <i>(Nombre Completo al Nacer)</i>		No. Requested Copies <i>(No. de Copias)</i>	
	Place of Birth (City, Town) <i>[Lugar de Nacimiento (Ciudad, Pueblo)]</i>	County <i>(Condado)</i>	Exact Date of Birth <i>(Fecha de Nacimiento)</i>	
	Full Name of Child's Parent A <i>(Nombre completo de Padre/Madre A)</i>		Full Name of Child's Parent B (if on record) <i>(Nombre completo de Padre/Madre B) (si el registro)</i>	
	If the Child's Name was Changed, Indicate New Name and How it was Changed: <i>(Si el nombre del niño fue cambiado, indique el nuevo nombre y como fue cambiado):</i>			
<input type="checkbox"/> MARRIAGE <i>(MATRIMONIO)</i>	Full Name of Spouse A/Partner A <i>(List name given at birth or on birth certificate)</i> <i>[Nombre de Esposo/Pareja (Inscrito en el acta de nacimiento)]</i>		No. Requested Copies <i>(No. de Copias)</i>	
	<input type="checkbox"/> CIVIL UNION <i>(UNIÓN CIVIL)</i>		Exact Date of Event <i>(Fecha Exacta del Evento)</i>	
	<input type="checkbox"/> DOMESTIC PARTNERSHIP <i>(SOCIEDAD DOMÉSTICA)</i>		County <i>(Condado)</i>	
Place of Event (City, Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>				
<input type="checkbox"/> DEATH <i>(DEFUNCIÓN)</i>	Name of Deceased Individual <i>(Nombre del Fallecido)</i>		No. Requested Copies <i>(No. de Copias)</i>	
	Exact Date of Death <i>(Fecha Exacta del Evento)</i>	Social Security Number <i>(Numero de Seguro Social)</i>		
	Place of Event (City/Town) <i>[Lugar del Evento (Ciudad, Pueblo)]</i>		County <i>(Condado)</i>	
	Full Name of Deceased Individual's Parent A <i>(Nombre completo de Padre/Madre A)</i>		Full Name of Deceased Individual's Parent B <i>(Nombre completo de Padre/Madre B)</i>	

Application Check List: Have you enclosed and completed all required information?

(Lista Comprobada: ¿A Usted Incluido y Completado Toda la Información Requerida en la Aplicación?)

- All Items on Application *(Todo Artículos en la Aplicación)*
 Payment *(Pago)*
 Acceptable Forms of ID *(Identificación Aceptable)*
 Proof of Relationship *(Prueba de Parentesco)*
 Mailing Address Matches ID *(Dirección Postal Coincidente con ID)*

FOR STATE USE ONLY

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check <input type="checkbox"/> Waived	Payment Amount: \$	ID Viewed:	Processed By
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