

# APPLICATION FOR CERTIFIED COPIES

**BIRTH CERTIFICATE:**

FULL NAME AT BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_

RELATIONSHIP TO ABOVE PERSON \_\_\_\_\_

(SELF, PARENT, GRANDPARENT, ADULT BROTHER/SISTER, ADULT CHILD, SPOUSE, LEGAL REPRESENTATIVE, LEGAL GUARDIAN).

**DEATH CERTIFICATE:**

NAME OF DECEASED: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

SPOUSE'S FULL MAIDEN NAME: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

**MARRIAGE CERTIFICATE:**

NAME OF GROOM: \_\_\_\_\_

BRIDE'S FULL MAIDEN NAME: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

COUNTY WHERE LICENSE WAS ACQUIREDED: \_\_\_\_\_

DATE AND CITY OF MARRIAGE: \_\_\_\_\_

RETURN MAILING ADDRESS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY,

STATE,

ZIP CODE

TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE

ENCLOSE A VALID PICTURE ID AND THE AMOUNT FOR THE CERTIFICATE: