

Application for Certification of a Vital Record

Virginia statutes require a fee of \$8.00 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 \$20.00 service charge for returned checks.

Name of Requester: _____ Daytime Phone Number:(____) _____

Address: _____ City: _____ State: _____ Zip: _____

What is your relationship to the person named on the certificate? _____

If you are not the person named on the certificate, please state your direct and tangible interest in receiving this certificate:

I understand that making a false application for a Vital Record is a **FELONY** under state and federal law.

Signature of Applicant: _____

BIRTH

Number
of Copies: _____

Name at Birth: _____

If name has changed since birth due to adoption, court order, or any reason other than marriage please list changed name here:

Date of Birth: _____ Race: _____ Sex: _____

Place of Birth : _____ Hospital of Birth: _____
(City/County in Virginia)

Full Maiden Name of Mother: _____

Full Name of Father: _____

DEATH

Number
of Copies: _____

Name of Deceased _____

Date of Death: _____ Age at Death: _____ Race: _____ Sex: _____

Place of Death: _____ Hospital Name: _____
(City/County in Virginia)

MARRIAGE

Number
of Copies: _____

Full Name of Husband: _____

Full Name of Wife: _____

DIVORCE

Number
of Copies: _____

Marriage - Date: _____ Place: _____

Divorce - Date: _____ Place: _____
(City/County in Virginia)

If Marriage, place where license was issued: _____

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

Send Completed Application To:

Division of Vital Records
P. O. Box 1000
Richmond, Va. 23218-1000
(804) 662-6200

