Do not use any unapproved third-party vendor to obtain this form. Do not pay a fee for this form. This form is available to print at no cost at https://hhs.iowa.gov/health-statistics/request-record

Information about requesting a certified copy of an IOWA Birth, Death, Marriage or Fetal Death Record

What records are available?

In lowa, vital record registration began July 1, 1880. Event must have occurred in IOWA. Records older than July 1, 1880 are not on file.

Where are records held?

Original vital records that were registered are on file with the lowa Department of Health and Human Services, Bureau of Health Statistics. Vital records are also available for request at local county registrar offices in Iowa.

What records are open for public inspection?

The state vital record system is closed to public inspection. However, birth, marriage and death records may be inspected as of right under Iowa Code section 22 when in the custody of the county registrar. IAC 144.43

The following is <u>required</u> when applying for a certified copy of an lowa vital record:

- 1) Completed application that is legible and clearly identifies the event record and establishes entitlement to the record requested.
- 2) Applicant's current government issued photo identification (copy if sent by mail).
- 3) Payment in the amount of \$15 for EACH certified copy requested. Fees payable in U.S. funds by check or money order.
- 4) SIGNATURE MUST BE NOTARIZED ON THE APPLICATION WHEN SUBMITTING VIA MAIL.

Who is entitled to the record?

Entitled persons include the person named on the record or that person's spouse, children, parents listed on record, grandparents, grandchildren, siblings, or legal representative or guardian. Proof of entitlement must be provided. Additional documentation to prove entitlement may be requested by the state or county office.

What is the fee?

The fee for a certified copy of a vital record in lowa is \$15 each. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Fees must be paid at the time of the application. THE BUREAU OF HEALTH STATISTICS DOES NOT ACCEPT CASH.

What is the process to exchange the small wallet-sized birth cards?

Any pink/blue wallet sized birth certificates issued between 1993 and 2009 can be exchanged for no fee. Follow all instructions above for applying for a vital record in lowa. The original pink/blue wallet birth certificate may be returned along with a completed application and proof of ID (current government issued photo identification) to any issuing office in lowa. If the wallet-sized birth certificate is not exchanged, applications must be sent to the state office at the address listed below.

What if the order is not received in the mail?

If the requested documents are not received within 30 days, contact the issuing office. Requested documents cannot be replaced at no fee after 90 days of issuance.

WAYS TO ORDER FROM THE IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES OR COUNTY RECORDER

<u>Telephone</u>: Customers may call VitalChek toll-free at 1-866-809-0290 from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. An additional processing fee will apply. Customers may call the bureau directly at 515-281-4944 to speak to state staff.

Website: Customers may visit https://hhs.iowa.gov/health-statistics/request-record and select from two options to order an lowa vital record online.

Will Call - VitalChek: This option should be used to order a vital record online and PICK UP in-person at the Bureau of Health Statistics office.

VitalChek: This option should be used to order online and receive the order via a selected mailing service.

In-person: Applications may be made in-person at the Bureau of Health Statistics, 321 E. 12th Street, Des Moines, Iowa, from 7:00 a.m. to 4:30 p.m., Monday through Friday, except for state-observed holidays. All application requirements noted above will apply. Applications may also be made in person at the county recorder offices. Visit https://htttps://https://https://https://https://

Postal service: Written requests and fees may be mailed to the address below or county recorder's office. All application requirements noted above will apply.

Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants. Commemorative Certificates – Information regarding commemorative certificates is available at https://hhs.iowa.gov/health-statistics/request-record.

TO SUBMIT TO THE STATE OFFICE lowa Department of Health and Human Services Bureau of Health Statistics Lucas State Office Building 1st Floor, 321 E. 12th Street Des Moines, Iowa 50319-0075

For a listing of County Recorder offices, visit https://iowalandrecords.org/recorder-directory/

SEE OTHER SIDE FOR AN APPLICATION FORM. FORM MAY BE USED FOR APPLICATION AT THE BUREAU OF HEALTH STATISTICS OR COUNTY RECORDER OFFICES.

APPLICATION TO ORDER AN IOWA VITAL RECORD				OFFICE USE ONLY Application ID			
DID THE EVENT OCCUR IN IOWA? If yes, continue. If no, you must apply in the state where the event occurred.				Security #			
1.	EVENT TYPE (Check one) BIRTH DEATH		E 🗌 FETAL DE/	ATH			
2.	PERSON'S NAME AS IT APPEARS ON THE RECORD	FIRST					
	2a. If for Marriage record, SPOUSE'S NAME	FIRST	FIRST MIDDLE, if any LAST (Surnam				
	za. In for managerecord, or obset o NAME	FIRST	FIRST MIDDLE, if any LAST				
3.	DATE OF EVENT (Birth, Death, Marriage or Fetal Death) – BE SPECIFIC – Month, Day, Year						
4.	PLACE OF EVENT - ONLY EVENTS THAT OCCUR IN IOWA (City and/or County)						
5.	PARENT'S FULL NAME PRIOR TO ANY MARRIAGE – First, Middle, Last (Surname)						
6.	2 ND PARENT'S FULL NAME - First, Middle, Last (Surname)	, , , <u>,</u>	,				
7.	LEGAL ACTIONS TO BIRTH RECORD None	Adoption	Paternity Est	ablishment	Legal Change of Name		
	7a. IF A LEGAL ACTION OCCURRED, LIST PREVIOU	<u> </u>	_ ·				
				Marriage does NOT o	hange the birth certificate.		
8.		9. STATE OF BIRTH OF APPLICANT		9a. DATE OF BIRTH OF APPLICANT			
10.	RELATIONSHIP TO PERSON NAMED ON THE RECORD Self Parent	RD ibling	Spouse	Child			
	Grandparent Grandchild Lu	egal Guardian	Executor	Attorne	ey y		
11.	NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)						
	11a. Name of Applicant/Recipient						
	11b. Street address and P.O. Box (if any)						
	I1c. City, State and Zip Code						
12. 13.	THE CERTIFICATE IS TO BE (Check one) Mailed Picked up (for in-person requests only) THE FEE IS \$15.00 for each certified copy ordered. Indicate the number of copies of this record you need.						
14.	Image: Predicts \$ 15.00 for leader certained copy ordered. Indicate the number of copies of this record you need. If HIS REQUEST PAID BY Check Money Order No Fee Exchange Check one) Check						
16.	APPLICANT EMAIL ADDRESS	17. DAYTIME PHONE # (Include area code)					
	omit all the following: Completed application for an <u>IOWA</u> \$15 fee payable by check, money of Copy of current government issues SIGNATURE MUST BE NOTARIZED are to complete the order as instructed by	order or cre d photo ID; D WHEN MA	dit card ONL	Y; REQUEST.			
	fy under penalty of perjury that the information provided or entitlement to a certified copy of this record. I have signed						

18. APPLICANT'S SIGNATURE 19. DATE

APPLICANT'S NAME AS IT APPEARS ON PHOTO I.D. (Print clearly)			
State of County ofss (SEAL)	Use Only		
Signed and affirmed in my presence on this day of,,			
Notary Public Signature, My commission expires:			