

COMMONWEALTH OF VIRGINIA Application For Certification of a Vital Record

Virginia statutes require a fee of **\$12.00** 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 **\$30.00** 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? (Check one)

Self
 Mother
 Father
 Child
 Current Spouse
 Sister
 Brother
 Maternal Grandparent
 Paternal Grandparent
 Legal Guardian (submit custody order)
 Other (Specify) _____

What is your reason for requesting this certificate? _____

I understand that making a **FALSE** application for a vital record is a **FELONY** under state and federal law.

Signature of Requester: _____

IMPORTANT: The person requesting the vital record must submit a copy of their identification. See list on reverse side.

BIRTH CARDS ARE NO LONGER	
BIRTH	Name at Birth: _____
Number of Copies: _____	If name has changed since birth due to adoption, court order, or any reason other than marriage, please list change here:
Paper: _____	_____
	Date of Birth: _____ Race: _____ Sex: _____
	Place of Birth: _____ Hospital of Birth: _____ <small>(City/County in Virginia)</small>
	Full Maiden Name of Mother: _____
	Full Name of Father: _____
<input type="checkbox"/> DEATH <input type="checkbox"/> STILLBIRTH	
Number of Copies: _____	Name of Deceased: _____
	Date of Death: _____ Age at Death: _____ Race: _____ Sex: _____
	Place of Death: _____ Hospital Name: _____ <small>(City/County in Virginia)</small>
	Full Maiden Name of Mother: _____
	Full Name of Father: _____
MARRIAGE	
Number of Copies: _____	Full Name of Husband: _____
DIVORCE	Full Name of Wife: _____
Number of Copies: _____	Marriage - Date: _____ Place: _____
	Divorce - Date: _____ Place: _____ <small>(City/County in Virginia)</small>
	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
www.vdh.virginia.gov

Certificate of Attendance
at Funeral Service

I hereby certify that _____ attended funeral services for

_____ his / her _____

at _____ on _____

at _____

Signed: _____

Date Signed: _____