

## Commonwealth of Virginia Application for Certification of a Vital Record

**Anyone requesting a vital record must submit a photocopy of their identification. See list on the reverse side.**

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? \_\_\_\_\_

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 CARDS ARE NO LONGER AVAILABLE.**

**BIRTH**

Number of Copies: \_\_\_\_\_  
Paper: \_\_\_\_\_

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**     **STILLBIRTH**

Number of Copies: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Full Maiden name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

**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  
www.vdh.state.va.us

Anyone requesting a vital record must submit a **photocopy** of their identification. The acceptable documents listed may change without prior notice.

Who is entitled to obtain records- next of kin/immediate family which includes mother, father, husband, wife, child, brother, sister with valid ID. Newborn babies and children will not have ID; therefore, the parent's ID is required.

The State Registrar reserves the right (§32.1-271C) to accept or deny any application submitted.

## ACCEPTABLE IDENTIFICATION

**SUBMIT ONE (1) DOCUMENT FROM THE PRIMARY LIST OR TWO (2) DOCUMENTS FROM THE SECONDARY LIST.**

The acceptable documents listed may change without prior notice.

<b>PRIMARY LIST</b>	
1.	<b>Photo Drivers License issued by US DMV office</b> - unexpired or expired for not more than one year
2.	<b>Photo Learners/Instruction Permit issue by US DMV office</b> -unexpired or expired for not more than one year
3.	<b>Photo Identification Card issued by US DMV Office</b> - <i>unexpired or expired for not more than 1 year</i>
4.	<b>Current Photo Identification Card</b> - (school, employment). <i>Check Cashing Cards are not acceptable</i>
5.	<b>Military Card</b> - unexpired - active duty or retired member
6.	<b>U.S. Passport</b> - unexpired
7.	<b>Foreign Passport with visa, I-94 or I-94W</b> - unexpired
8.	<b>U.S. Certificate of Naturalization</b> - (form N-550, N-570 or N-578)
9.	<b>U.S. Certificate of Citizenship</b> - (form N-560 or N-561)
10.	<b>U.S. Citizen Identification Card</b> - (form I-197)
11.	<b>Temporary Resident Card</b> - unexpired - (form I-688)
12.	<b>Employment Authorization Card</b> - unexpired - (form I-688A, I-688B)
13.	<b>Refugee Travel Document</b> - unexpired- (form I-571)
14.	<b>Resident Alien Card</b> - unexpired - (form I-551)
15.	<b>Permanent Resident Card</b> - unexpired - (form I-551)
16.	<b>Northern Marianas Card</b> - unexpired - (form I-551)
17.	<b>Asylum</b> - A copy of the first and last page of application for Asylum
18.	<b>Birth Abroad</b> (Consular Report) of a Citizen of the U.S.A. (form FS-240)
19.	<b>Birth Abroad</b> (Certification of Report) of a Citizen of the U.S.A.
20.	<b>Virginia Criminal Justice Agency Offender Information Form</b>
21.	<b>United States Probation Offender Information Form</b>
<b>SECONDARY LIST</b>	
22.	<b>U.S. Selective Service Card</b>
23.	<b>U.S. Military Discharge Papers</b> - (form DD214)
24.	<b>Certified School Records/Transcript</b> issued by a U.S. state or territory or
25.	<b>Enrollment, Certificate of</b> - issued by VA Dept of Education
26.	<b>Life insurance policy</b>
27.	<b>Health care insurance card</b>
28.	<b>Welfare/social services identification card with photo</b> - unexpired - issued by municipality
29.	<b>Photo Drivers License</b> - issued by US DMV office <i>expired not more than 5years</i>
30.	<b>Photo Learners/Instructions Permit</b> - issued by US DMV office <i>expired not more than 5 years</i>
31.	<b>Photo Identification card</b> - issued by US DMV office <i>expired not more than 5 years</i>

<b>32.</b>	<b>U. S. Passport</b> - expired not more than 5 years
<b>33.</b>	<b>Foreign Passport</b> - expired not more than 5 years, with a VISA,
<b>34.</b>	<b>Military dependent ID card, with photo</b> - unexpired
<b>35.</b>	<b>Weapons or gun permit</b> issued by federal state or municipal government-unexpired
<b>36.</b>	<b>Pilots License</b> - unexpired
<b>37.</b>	<b>INS form I-797</b> (applicable only for individuals whose names appear on the form)
<b>38.</b>	<b>IAP-66 U.S. Department of State form</b> (applicable only for the individuals whose names appear on the form).
<b>39.</b>	<b>Veterans Universal Access Identification Card</b>