

**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD**  
**\$15.00 FOR THE FIRST COPY- \$5.00 FOR EACH ADDITIONAL COPY**

**Vital Record Information**

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

DATE OF BIRTH/DEATH (circle one) \_\_\_\_\_

**Applicant's Information**

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

RELATIONSHIP \_\_\_\_\_

METHOD OF PAYMENT \_\_\_\_\_