

To Request a Search for an IOWA Birth, Death or Marriage Record for the Purpose of Obtaining a Certified Copy

In Iowa, official registration of births began July 1, 1880. Original records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Statewide record searches are available from the state registrar. Local vital records registrars are located in county recorders' offices, where records of births that have occurred in that county are maintained. **County registrars are not authorized by law to have records of single-parent births prior to July 1, 1995; adoptions; delayed registrations; legal changes of name; any record ordered sealed by a court of law; or birth between the years 1921 to 1941.** 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

Applications to search for a vital record event for the purpose of obtaining a certified copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or representation. Applicants must be 18 or older. Requests must include the applicant's current government-issued photo identification (i.e., driver's license), except if by mail, a clear photocopy of the I.D., and the applicant's signature signed in front of a notary public or in the presence of an Iowa Registrar of Vital Records.

FEES: As of Jan. 1, 2014, a non-refundable \$20 fee is required to search for a record and includes one certified copy if the record is located. Each additional copy of the same record is \$20. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be written from the applicants' account; money orders must be in the name of the applicant. Fees must be paid at the time of the application (Iowa Constitution, Article VII, Section 1).

Exchange of Wallet Card: Any pink/blue wallet sized birth certificates issued between 1993 to 2009 can be exchanged for no fee. Follow instructions for completing the Application for search of vital record. The original pink/blue wallet birth certificate may be returned along with a completed application and proof of ID (photocopy of driver's license) to any issuing office in Iowa. If the wallet sized birth certificate is not exchanged, applications must be sent to the state office at the address listed below.

STATE CERTIFIED COPIES.

Certified copies of birth certificates may be obtained from the state Bureau of Health Statistics by telephone, in-person, or through a postal service. Fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. In-person requests may also be paid in cash. ***Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants.***

Telephone: Customers may call toll-free to 1-866-809-0290 from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. A fee of \$20 is charged for the record search and includes one copy if a record is on file in the state office. Each additional copy of the same record is \$20. A VitalChek operator will take the caller's information, screen the credit card, authenticate the caller's identity and complete the order. The fee to screen the credit card and authenticate the caller is an additional \$13.00. Group orders consisting of more than one event type (i.e. birth, death or marriage) within one transaction will be charged an additional \$3.00 fee. Turnaround time may be about two (2) weeks, depending on volume and mail service. ***Genealogy requests are not available by telephone request.***

In-person: Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays, at the address below, just inside the north lobby entrance and to the right. The Lucas building is the first building east of the state Capitol. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Certificates are "generally" ready for pick up the next business day after 2:00 PM or mailed to an entitled person. Mail time may take 5 to 7 additional days.

Postal service: Written requests and fees are mailed to the address below. Requests must state the relationship to the person named on the record and the purpose for the copy. Turnaround time may be 4 to 6 weeks, depending on seasonal demands and mail service. **The request must be signed in front of a notary public and include a clear photocopy of the applicant's current government-issued photo identification.**

Iowa Department of Public Health
Bureau of Health Statistics
Lucas State Office Building
1st Floor, 321 E. 12th Street
Des Moines, Iowa 50319-0075

SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR EITHER A COUNTY-CERTIFIED OR A STATE-CERTIFIED COPY OF AN IOWA VITAL RECORD

APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

OFFICE USE ONLY

Application ID _____

Security # _____

- This application is for a **SEARCH** for an **IOWA** birth, death or marriage record.
- Fees are due upon application.
- If requesting a certified copy of a birth record, complete all items except 2(A).
- If requesting a certified copy of a death record, complete all items except 2(A) and 7.
- If requesting a certified copy of a marriage record, complete all items, including 2(A).
- SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS AND INFORMATION

1. **EVENT TYPE** (Check one) BIRTH DEATH MARRIAGE FETAL DEATH BIRTH RESULTING IN STILLBIRTH

2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** _____
FIRST MIDDLE, if any LAST (Surname)

2a. **If for Marriage record, SPOUSE'S NAME** _____
FIRST MIDDLE, if any LAST (Surname)

3. **DATE OF EVENT** (Birth, Death, or Marriage) – 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. **2ND PARENT'S FULL NAME** – First, Middle, Last (Surname) _____

7. **(Birth Only) WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?** Yes No Unknown

8. **LEGAL ACTIONS TO BIRTH RECORD** None Adoption Paternity Establishment Legal Change of Name

8a. **IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME** (on birth certificate) _____
Marriage does NOT change the birth certificate.

9. **PURPOSE FOR COPY** _____ 10. **BIRTHDATE OF APPLICANT** _____

11. **RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD** _____

12. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY:** (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)

12a. **Name of Applicant/Recipient** _____

12b. **Street address and P.O. Box** (if any) _____

12c. **City, State and Zip Code** _____

13. **THE SEARCH RESULT IS TO BE** (Check one) Mailed Picked up (for in-person requests only)

14. **THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00** and one certified copy is issued if the record is located. Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. _____

15. **THIS SEARCH PAID BY** (Check one) Check Money Order Cash No Fee Exchange

16. **AMOUNT ENCLOSED** _____

Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must accompany this form.

17. **APPLICANT'S NAME** (Print clearly) _____ 18. **DAYTIME PHONE #** _____
(Include area code)

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

19. **APPLICANT'S SIGNATURE** _____ 20. **DATE** _____

<p>APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly) _____</p> <p>State of _____ County of _____ ss _____ (SEAL)</p> <p>Signed and affirmed in my presence on this ____ day of _____, _____.</p> <p>_____, My commission expires: _____</p> <p><small>Notary Public Signature</small></p>	<p>Administrative Use Only</p> <p>I.D. _____</p> <p>Initials _____</p>
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