Division of Public Health F-05214 (Rev. 03/2016)

## VITAL RECORDS OFFICE APPLICATION FOR IN-PERSON SEARCH

SECTION I – APPLICANT INFORMATION (Please print)						
NAME - First	Middle		Last			Check if first visit
STREET ADDRESS						
OTTEET ABBITEGE						
CITY				STATE		ZIP CODE
DAYTIME TELEPHONE NUMBER			EMAIL ADDRI	ESS		
TYPE OF CURRENT VALID PHOTO ID PHOTO ID NUMBER				STATE	OF ISSUANCE	EXPIRATION DATE
SECTION II – PURPOSE OF TH	IIS SEAF	RCH				
☐ Professional Genealogy Research ☐ Medical Study Research						
☐ Personal Genealogy Research ☐ Other (Provide explanation)						
SECTION III – VITAL RECORD INFORMATION						
Type of Records to be Searched		BIRTH	DEATH	r	MARRIAGE	☐ DIVORCE
FAMILY SURNAME		APPROXIMATE DATES			COUNTIES	
I have read the Administrative Rule DHS 142 "Access to Vital Records" and the Vital Records Office Policy for In-Person Searching and agree to abide by them. I understand that failure to comply with those regulations and rules may result in the application of penalties prescribed in the Administrative Rule.  I agree to check any items not permitted into the records area with the Vital Records staff. The Vital Records Office will not						
be liable for any lost or stolen items.  SIGNATURE					Date Signer	d (MM/DD/YYYY)
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