

**Do not use any unapproved third-party vendor to obtain this form. Do not pay a fee for this form.**

**This form is available to print at no cost at <https://hhs.iowa.gov/health-statistics/request-record>**

Information about requesting a certified copy of an IOWA Birth, Death, Marriage or Fetal Death Record

**What records are available?**

In Iowa, vital record registration began July 1, 1880. Event must have occurred in IOWA. Records older than July 1, 1880 are not on file.

**Where are records held?**

Original vital records that were registered are on file with the Iowa Department of Health and Human Services, Bureau of Health Statistics. Vital records are also available for request at local county registrar offices in Iowa.

**What records are open for public inspection?**

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

**The following is required when applying for a certified copy of an Iowa vital record:**

- 1) Completed application that is legible and clearly identifies the event record and establishes entitlement to the record requested.
- 2) Applicant's current government issued photo identification (copy if sent by mail).
- 3) Payment in the amount of \$15 for EACH certified copy requested. Fees payable in U.S. funds by check or money order.
- 4) SIGNATURE MUST BE NOTARIZED ON THE APPLICATION WHEN SUBMITTING VIA MAIL.

**Who is entitled to the record?**

Entitled persons include the person named on the record or that person's spouse, children, parents listed on record, grandparents, grandchildren, siblings, or legal representative or guardian. Proof of entitlement must be provided. Additional documentation to prove entitlement may be requested by the state or county office.

**What is the fee?**

**The fee for a certified copy of a vital record in Iowa is \$15 each.** Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Fees must be paid at the time of the application. **THE BUREAU OF HEALTH STATISTICS DOES NOT ACCEPT CASH.**

**What is the process to exchange the small wallet-sized birth cards?**

Any pink/blue wallet sized birth certificates issued between 1993 and 2009 can be exchanged for no fee. Follow all instructions above for applying for a vital record in Iowa. The original pink/blue wallet birth certificate may be returned along with a completed application and proof of ID (current government issued photo identification) 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.

**What if the order is not received in the mail?**

If the requested documents are not received within 30 days, contact the issuing office. Requested documents cannot be replaced at no fee after 90 days of issuance.

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**WAYS TO ORDER FROM THE IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES OR COUNTY RECORDER**

**Telephone:** Customers may call VitalChek **toll-free at 1-866-809-0290** from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. An additional processing fee will apply. Customers may call the bureau directly at 515-281-4944 to speak to state staff.

**Website:** Customers may visit <https://hhs.iowa.gov/health-statistics/request-record> and select from two options to order an Iowa vital record online.

**Will Call - VitalChek:** This option should be used to order a vital recorder online and PICK UP in-person at the Bureau of Health Statistics office.

**VitalChek:** This option should be used to order online and receive the order via a selected mailing service.

**In-person:** Applications may be made in-person at the Bureau of Health Statistics, 321 E. 12<sup>th</sup> Street, Des Moines, Iowa, from 7:00 a.m. to 4:30 p.m., Monday through Friday, except for state-observed holidays. All application requirements noted above will apply. Applications may also be made in person at the county recorder offices. Visit <https://hhs.iowa.gov/health-statistics/request-record> for a full list of records held at county recorder offices.

**Postal service:** Written requests and fees may be mailed to the address below or county recorder's office. All application requirements noted above will apply.

**Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants. Commemorative Certificates – Information regarding commemorative certificates is available at <https://hhs.iowa.gov/health-statistics/request-record>.**

**TO SUBMIT TO THE STATE OFFICE**

**Iowa Department of Health and Human Services  
Bureau of Health Statistics  
Lucas State Office Building  
1<sup>st</sup> Floor, 321 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0075**

**For a listing of County Recorder offices,  
visit <https://iowalandrecords.org/recorder-directory/>**

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SEE OTHER SIDE FOR AN APPLICATION FORM.

FORM MAY BE USED FOR APPLICATION AT THE BUREAU OF HEALTH STATISTICS OR COUNTY RECORDER OFFICES.

# APPLICATION TO ORDER AN IOWA VITAL RECORD

OFFICE USE ONLY

Application ID \_\_\_\_\_

Security # \_\_\_\_\_

**DID THE EVENT OCCUR IN IOWA? If yes, continue.  
If no, you must apply in the state where the event occurred.**

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

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, Marriage or Fetal Death) – 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. **2<sup>ND</sup> PARENT'S FULL NAME** – First, Middle, Last (Surname) \_\_\_\_\_

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

7a. **IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME** (on birth certificate) \_\_\_\_\_  
Marriage does NOT change the birth certificate.

8. **PURPOSE FOR COPY** \_\_\_\_\_ 9. **STATE OF BIRTH OF APPLICANT** \_\_\_\_\_ 9a. **DATE OF BIRTH OF APPLICANT** \_\_\_\_\_

10. **RELATIONSHIP TO PERSON NAMED ON THE RECORD**  
 Self  Parent  Sibling  Spouse  Child  
 Grandparent  Grandchild  Legal Guardian  Executor  Attorney  
 Other \_\_\_\_\_

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

11a. **Name of Applicant/Recipient** \_\_\_\_\_

11b. **Street address and P.O. Box** (if any) \_\_\_\_\_

11c. **City, State and Zip Code** \_\_\_\_\_

12. **THE CERTIFICATE IS TO BE** (Check one)  Mailed  Picked up (for in-person requests only)

13. **THE FEE IS \$15.00** for each certified copy ordered. Indicate the number of copies of this record you need. \_\_\_\_\_

14. **THIS REQUEST PAID BY** (Check one)  Check  Money Order  No Fee Exchange  Credit Card 15. **AMOUNT ENCLOSED** \_\_\_\_\_

16. **APPLICANT EMAIL ADDRESS** \_\_\_\_\_ 17. **DAYTIME PHONE #** \_\_\_\_\_  
(Include area code)

## Submit all the following:

- Completed application for an **IOWA** birth, death, marriage or fetal death record;
- \$15 fee payable by check, money order or credit card **ONLY**;
- Copy of current government issued photo ID;
- SIGNATURE MUST BE NOTARIZED WHEN MAILING THE REQUEST.**

**Failure to complete the order as instructed will result in the order being returned unprocessed.**

I certify under penalty of perjury 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 or their designee.

18. **APPLICANT'S SIGNATURE** \_\_\_\_\_ 19. **DATE** \_\_\_\_\_

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