

DATE SUBMITTED: _____

City Clerk's Office
VITAL RECORD REQUEST FORM

Birth Certificate/Acta de Nacimiento

Name/[Maiden-if Married] : _____

Date of Birth : [month] _____ / [day] _____ / [yr] _____

Long Form [\$7.00 ea] - # of copies _____ / Short Form [\$5.00 ea] # of copies _____

Death Certificate/Acta de Defuncion

Name : _____

Date of Death : [month] _____ / [day] _____ / [yr] _____

Long Form [\$7.00 ea] - # of copies _____

Marriage Certificate/Acta de Matrimonio

Groom's Name/Nombre de la Novio: _____

Bride's Name/Nombre de la Novia: _____

Date of Marriage: [month] _____ / [day] _____ / [yr] _____

Long Form [\$7.00 ea] - # of copies _____ / Short Form [\$5.00 ea] # of copies _____

Person Requesting Record

Name : _____

Address: _____

City: _____ / State: _____ / Zip: _____