



Sioux County Recorder's Office

Anita K. Van Bruggen Recorder/Registrar

Box 48

210 Central Avenue SW

Orange City, Iowa 51041-0048

Phone (712) 737-2229

Fax: (712) 737-3032

recorder@siouxcounty.org

To Whom It May Concern:

Enclosed please find the form you should use to request your Vital Record (Birth/Death/Marriage Certificate) from Sioux County. Please complete the form and have the signature notarized. **The form and the \$15.00 fee (PAYABLE TO SIOUX COUNTY RECORDER) should be returned directly back to my office.** When I get your request and the fee back in my office, I will issue the certified copy of the Vital Record and mail it directly back to the address listed on the form.

If your birth occurred between the years of 1921-1941 you must request your record from the State of Iowa. If a single parent birth occurred before 1995 this request must also be made from the State of Iowa.

The address is: **Iowa Dept. of Public Health**
Lucas State Office Bldg. 1st Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075

If you have any further questions, please feel free to call me at 712-737-2229.

Thank you.

Anita K. Van Bruggen

Sioux County Recorder
P.O. Box 48
210 Central Avenue S.W.
Orange City, IA 51041

APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

REQUESTS REQUIRE THE APPLICANT'S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION AND SIGNATURE SIGNED IN FRONT OF A NOTARY PUBLIC OR IN THE PRESENCE OF AN IOWA REGISTRAR OF VITAL RECORDS.

- 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).
- If requesting by mail, the I.D. must be a clear photocopy and the signature notarized.

1. TYPE OF RECORD REQUESTING (Check one) BIRTH DEATH MARRIAGE

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

2a. If for Marriage record, SPOUSE'S NAME _____
FIRST MIDDLE, if any SURNAME (Last)

3. DATE OF EVENT (Birth, Death, or Marriage) – BE SPECIFIC – Month/Day/Year _____

4. PLACE OF EVENT (City and/or County) _____

5. MOTHER'S FULL MAIDEN NAME – FIRST/MIDDLE, if any/MAIDEN SURNAME (Last) _____

6. FATHER'S FULL NAME – FIRST/MIDDLE, if any/SURNAME (Last) _____

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

8. LEGAL ACTIONS TO RECORD None Adoption Paternity Establishment Legal Change of Name on Birth Certificate

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/RECIPIENT _____

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 \$15.00 and one certified copy is issued if the record is located. Each additional copy of the same record is \$15.00. Indicate the number of copies of this record you need. _____

15. THIS SEARCH PAID BY (Check one) Check Money Order Cash (In-person only) 16. AMOUNT ENCLOSED _____
Checks must be drawn from the applicants' 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 _____

Signature must be notarized if applying by mail		Administrative Use Only I.D. _____ Initials _____
State of _____ County of _____ ss	(SEAL)	
Signed and affirmed in my presence on this _____ day of _____, _____.		
_____, My commission expires: _____ Notary Public Signature		

SEE OTHER SIDE FOR INSTRUCTIONS