

MARRIAGE - DIVORCE - DEATH CERTIFICATE VIRGINIA VITAL RECORD APPLICATION

Purpose: Customers use this form to request a Virginia death, marriage or divorce certificate in person.

Instructions: The requester - the person submitting this application - must show an acceptable identification document(s) from the list on the back of this form and provide payment to the Department of Motor Vehicles (DMV). Submit to any DMV Customer Service Center.

NOTE: Fees paid for a vital records search/document are non-refundable. Virginia statutes require a fee of \$14.00 (which includes a \$2.00 administration fee) for each search regardless of whether a certification of a vital record is completed or not found. If paying by check or money order, make payable to the Department of Motor Vehicles (DMV). There is an \$85.00 service charge for returned checks. The State Registrar of Vital Records reserves the right to accept or deny any application (Virginia Code §32.1-271 (C)).

REQUESTER/VITAL RECORD INFORMATION			
REQUESTER NAME (person requesting certification) (print) - (last)		(first)	(middle) (suffix)
REQUESTER ADDRESS		CITY	STATE ZIP CODE
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	REQUESTER EMAIL		TELEPHONE NUMBER
RELATIONSHIP OF REQUESTER TO PERSON NAMED ON THE CERTIFICATE (check one)			
<input type="checkbox"/> SELF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CHILD <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> CURRENT SPOUSE <input type="checkbox"/> GRANDCHILD (death certificate only) <input type="checkbox"/> GREAT GRANDCHILD (death certificate only) <input type="checkbox"/> LEGAL REPRESENTATIVE (Bar Card/Power of Attorney required) <input type="checkbox"/> EXECUTOR (approved papers required) <input type="checkbox"/> NON RELATIVE (Public Record Request only) <input type="checkbox"/> NON IMMEDIATE FAMILY (Public Record Request only) <input type="checkbox"/> LEGAL GUARDIAN (approved papers required) <input type="checkbox"/> FUNERAL DIRECTOR (death certificate only) (enter license number)			
REASON FOR REQUESTING			
<input type="checkbox"/> LIFE INSURANCE PURPOSES <input type="checkbox"/> ESTATE SETTLEMENTS <input type="checkbox"/> TO CLOSE AN ACCOUNT (Bank/Utilities) <input type="checkbox"/> TRANSFER PROPERTY (Car/Real Estate) <input type="checkbox"/> MEDICAL REASONS (Medical History) <input type="checkbox"/> SOCIAL SECURITY BENEFITS <input type="checkbox"/> PASSPORT <input type="checkbox"/> NAME CHANGE (marriage certificate only) <input type="checkbox"/> PUBLIC RECORD REQUEST (Records at least 25 years old) <input type="checkbox"/> VETERANS BENEFITS ONLY <input type="checkbox"/> OTHER (explain)			

CERTIFICATION/DOCUMENT REQUESTED			
<input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> DIVORCE CERTIFICATE		NUMBER OF PAPER COPIES REQUESTED _____	
check one: <input type="checkbox"/> GROOM <input type="checkbox"/> BRIDE <input type="checkbox"/> SPOUSE PRINT FULL NAME (first, middle, last, suffix)		MAIDEN NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
check one: <input type="checkbox"/> GROOM <input type="checkbox"/> BRIDE <input type="checkbox"/> SPOUSE PRINT FULL NAME (first, middle, last, suffix)		MAIDEN NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MARRIAGE DATE (mm/dd/yyyy)	MARRIAGE LOCATION (Virginia city or county)	PLACE WHERE LICENSE WAS ISSUED	
DIVORCE DATE (mm/dd/yyyy)	DIVORCE LOCATION (Virginia city or county)		
<input type="checkbox"/> DEATH CERTIFICATE	NUMBER OF PAPER COPIES REQUESTED _____	RACE OF DECEASED	DATE OF DEATH (mm/dd/yyyy) AGE AT DEATH YEARS: _____ OR <input type="checkbox"/> LESS THAN ONE YEAR
DECEASED NAME (print) - (first) (middle) (last) (suffix)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DEATH LOCATION (Virginia city or county)		HOSPITAL NAME (if appropriate)	
check one: <input type="checkbox"/> PARENT <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER PRINT FULL NAME (first, middle, last, suffix)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MAIDEN NAME
check one: <input type="checkbox"/> PARENT <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER PRINT FULL NAME (first, middle, last, suffix)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MAIDEN NAME

CERTIFICATION		
I understand that making a false application for a vital record is a felony under state and federal law. I also certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.		
REQUESTER SIGNATURE	FUNERAL DIRECTOR AND REPRESENTATIVE SIGNATURE (if applicable)	DATE (mm/dd/yyyy)

DMV USE ONLY			
ID Documents Requester Presented (must be 1 primary or 2 secondary documents from the list on the back)		CSR STAMP	
	PRIMARY 1 or SECONDARY 1		SECONDARY 2
Type of Identification			
Expiration Date			
Document Number			
CSR SIGNATURE			

ACCEPTABLE IDENTIFICATION DOCUMENTS

The following is a list of Primary and Secondary documents which are acceptable to Virginia Department of Health, Division of Vital Records for the purpose of certifying a marriage, divorce or death and/or producing a certificate. One Primary Document or two Secondary Documents must be submitted in order to conduct a certification.

- Documents must be originals. Temporary documents and photocopies will not be accepted.
- All documents are subject to verification with the issuing entity, which may delay the issuance of your certification.
- A document will not be accepted when there is reason to believe it has been altered, fraudulently obtained or is fake, forged, counterfeit, or otherwise non-genuine or illegitimate. Altering, manufacturing, selling or possessing a fraudulent birth certificate, driver's license or ID card, falsifying information or assisting a person with improperly or fraudulently obtaining a certification is a criminal offense.

Name: Make sure that your name appears the same on all proof documents. If your middle name or middle initial begins with the same letter, but is not spelled out or displayed on all of your documents, your documents may be accepted. Nicknames will not be accepted. If your name appears differently on your proof documents, you may be asked to present additional documentation.

(The acceptable documents listed may change without prior notice.)

PRIMARY DOCUMENTS

Driver's license issued by a U.S. state, territory, or jurisdiction unexpired or expired for not more than one year

Learner's/instruction permit issued by a U.S. state, territory, or jurisdiction unexpired or expired for not more than one year

Photo identification card issued by a U.S. state, territory, or jurisdiction unexpired or expired for not more than one year

Current Photo ID card, (school and employment with identification number). Check Cashing Cards are not acceptable

Unexpired U.S. military ID card of an active duty or retired member

U.S. Passport or passport card - unexpired

Unexpired Foreign Passport with VISA, I-94 or I-94W

U.S. Certificate of Naturalization - (form N-550, N-570 or N-578)

U.S. Certificate of Citizenship - (form N-560 or N-561)

U.S. Citizen Identification Card - (form I-197)

Temporary Resident Card - unexpired - (form I-688)

Employment Authorization Card - unexpired - (form I-688A, I-688B or I-766)

Refugee Travel Document - unexpired - (form I-571)

Resident Alien Card - unexpired - (form I-551)

Permanent Resident Card - unexpired - (form I-551)

Northern Marianas Card - unexpired - (form I-551)

Asylum - A copy of the first and last page of application for Asylum

Consular Report of Birth Abroad (form FS-240)

Certificate of Birth Abroad (FS-545)

Certification of Report of Birth of a U.S. Citizen (DS-1350)

Virginia Criminal Justice Agency Offender Information Form

United States Probation Offender Information Form

SECONDARY DOCUMENTS

U.S. Selective Service Card

U.S. military discharge papers (form DD214)

Certified School Records/Transcript issued by a U.S. state or territory

Certificate of Enrollment issued by Virginia Department of Education

Life insurance policy

Health care insurance card - (i.e. Medicare Card/ Medicaid Card)

Unexpired welfare/social services identification card with photo, issued by a municipality

State-issued driver's license or learner's/instruction permit, with photo, expired not more than 5 years

State-issued photo identification card expired not more than 5 years

U.S. Passport or passport card - expired not more than 5 years

Unexpired military dependent ID card, with photo

Foreign Passport - expired not more than 5 years, with a U.S. VISA

Unexpired weapons or gun permit issued by federal, state or municipal government

Unexpired pilot's license

Veterans' Universal Access Identification Card

INS form I-797 (applicable only for individuals whose names appear on the form)

USCIS student or dependent SEVIS I-20 with or without USCIS stamp (Applicant's name must appear on the form)

U.S. Department of State form DS-2019 (Applicant's name must appear on the form)