STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Records

State Office Use Only	
Certificate No.	_____
Date Filed	_____

CONFIDENTIAL VERIFICATION OF BIRTH

COMPLETE PART 1 ONLY AND SUBMIT TO THE BUREAU OF VITAL RECORDS

PART 1. TO BE COMPLETED IN FULL BY REQUESTING AGENCY: (PLEASE TYPE OR PRINT LEGIBLY)

Person Named on Record _____ Sex _____
First Middle Last M/F

Date of Birth _____ Place of Birth _____
Month, Day and Year City & County

Full Maiden Name of Mother _____
First Middle Last

Full Name of Father _____
First Middle Last

Requesting Agency Information

Agency Making This Request _____

_____
Address City State/Zip

Authorized Person Making This Request _____ _____
Name Title

_____ _____
Phone Number FAX Number

Authorized Signature _____ _____
Date

PART 2. TO BE COMPLETED BY STATE VITAL RECORDS OFFICE and RETURNED TO APPLICANT:

A search of Iowa vital records reveals the following about the above registrant:

☐ The information that was provided above is correct according to the record held in this office.

☐ No record was located with the information as provided above.

☐ The corrected information noted above reflects the record held in this office.

Authorized Vital Records
Signature _____ _____
Date

Chapter 144.45 provides that state agencies may, upon written request, be furnished with copies or data upon terms or conditions prescribed by the Iowa Department of Public Health.

Chapter 144.45 further states that "no person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a birth, death, fetal death, or marriage except as authorized by this chapter."