



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Department of Public Health
Vital Records Section
Lucas State Office Building
321 E 12th Street
Des Moines, IA 50319-0075

Dear Vital Records Section:

Please send a birth certificate, if available, for the child named below.

- We're requesting a certified copy for the child as required by Iowa Code section 232.2(4)"f" before the child leaves foster care. (Child must be age 14 or older.)
- We're requesting a certified Agency Use Only (stamped) copy of the birth certificate.

Child's name (FMLS): _____

Child's sex: Male Female

Child's date of birth: _____

Please return the copy of the birth certificate requested to the address listed below.
Thank you for your help.

Return address: _____

Social Work Administrator/
Chief Juvenile Court Officer: _____

(Required when requesting a certified copy for the child.)

Case Manager/
Juvenile Court Officer: _____

Phone number: _____