

# Certificate Request Form

**Birth- \$15.00**

\*2<sup>nd</sup> copy and up, \$10 ea.

**Death- \$15.00**

\*2<sup>nd</sup> copy and up, \$5 ea  
within 30 days of death; \$10  
all copies after 30 days

**Marriage- \$15.00**

**Name(s) on Certificate**

**Date on Certificate # of Copies**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Requestor Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Relationship to Above** \_\_\_\_\_

**Signature** \_\_\_\_\_

\* Reduced fee applies to additional copies of the same record ordered at the same time.