



Vital Statistics Services
2300 Capitol Avenue • Hathaway Building
Cheyenne, WY 82002
Phone (307) 777-7591
Fax (307) 777-2483 • www.health.wyo.gov



Stefan Johansson
Director

Mark Gordon
Governor

Name(s) on Certificate:
Date of Request:
State File Number:

Affidavit Supporting Request for Certified Copies of Wyoming Certificate

Due to the amount of certified copies you are requesting for the record listed above, we require your notarized signature on this form.

This form will be filed with the birth certificate listed above and will establish that you accept responsibility for safe-guarding the certified copies you are requesting.

Signature _____

Street address _____

City, State, ZIP _____

Subscribed and Sworn to before me on _____ in the State of _____,

County of _____

Signature of Notary Public _____

My commission expires _____

SEAL