



Vital Statistics Services  
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Cheyenne, WY 82002  
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Stefan Johansson  
Director

Mark Gordon  
Governor

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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