For office use only:



# REQUEST FOR CERTIFIED COPY OF A WYOMING VITAL RECORD

Vital Statistics Services • 2300 Capitol Avenue • Cheyenne, WY 82002

health.wyo.gov • Phone (307) 777-7591 • Fax (307) 777-2483 • Email wdh.vss@wyo.gov

WYOMING BIRTH R	ECORD	- Record(s)	Request	ed (\$25 each)	(SEE EXC	ESSIVE CO	OPIES BELOW)	
		ertificate(s)		_ (#) Affidavit	s) Acknow	ledging Pa	ternity	
Complete information as it a	appears o	n the record: Full Middle Nam		Full Last Name				
ruii rirst Name	ull First Name			Full Last Name				
If this record could be listed under	any other n	ame (due to legal na	ame change	or adoption) please	list other possib	le names on re	cord:	
Date of Birth (mm/dd/yyyy)	PI	ace of Birth (City or	County)					
Mother/Parent - Full First Name	Fu	Full Middle Name Full Last		Name Full Maiden Name			Name	
Father/Parent - Full First Name	her/Parent - Full First Name Full Middle Name Full La			Name Full Maiden Name				
<b>EXCESSIVE COPIES</b> : Once for Copies Form must be complete								
Copies Form must be complete	ed loi eaci	i additional reque	St. 11115 10	illi is avallable oil	our website ar	iu must be not	anzeu.	
WYOMING MA				ECORD — Red			The state of the s	
Complete information as it			icate(s)	(#	Divorce C	ertificate(s	<mark>)</mark>	
Complete information as it a Husband/Wife/Spouse - Full First N		n the record: Ill Middle Name		Full Last Name (At	Time of the Eve	ent)		
riassana/wiic/opouse - Faii Fiist i	Full Last Name (At Time of the Event)							
lusband/Wife/Spouse - Full First Name Full Middle Name				Full Last Name (At Time of the Event)				
Date of Event (mm/dd/yyyy) Marriage: / / E	Divorce:	1 1		Place of Event (Cit Marriage:	y or County)	Divorce:		
WYOMING DEA	ATH RE	CORD—Raco	rd(s) Ro	augstad 1 for	\$25 nlus	(#) fo	r \$20 each.	
Complete information as it a			iu(s) ite	questeu i ioi	Ψ20 pius _	(#) 10	Ψ20 GaCii.	
Full First Name	<u> аррос о с</u>	Full Middle Nam	е	Full Last Name				
Date of Death (mm/dd/yyyy) Place of Death (City or Cou			City or Cour	ity)	Date of Birth (mm/dd/yyyy)			
		REQUE	STOR'S	INFORMATIO	N			
Full First Name		Full Middle Nam		Full Last Name				
Mailing Address (Street or PO Box	<mark>()</mark>			City		State	Zip Code	
Contact Phone Number and/or Em	ail Addrage							
Contact Phone Number and/or Em	iaii Auuress			<u> </u>	OH BUOT	0000	E A MALIE	
Please state your relationship to th	e person(s)	named on the certif	ficate(s)		CH PHOT ERNMEN		F A VALID	
requested:								
Purpose for requesting the certification	ate(s):			,			assport, Tribal ID)	
				*If signature is located on the back, provide copies of both sides  **IDs less than 60 days expired are still acceptable.				
							e is preferred.	
				NO Staj	vies piease	- ciear tape	ns preferred.	
						OR		
Signature of the Person Reques	ting Cortific	rate(s) (Must ha 18	or older)	P	<mark>rovide notar</mark>	y informatio	n here.	
orginature of the Ferson reques	ung Octuli	oute(a) (Must be 10	or older)					
_		Date:						
<u> </u>		Date.						

**REQUESTS** — WHO MAY HAVE COPIES: Wyoming is a closed record state, meaning vital records are considered confidential information and closed to the general public until one hundred (100) years after the date of birth or fifty (50) years after the date of marriage, divorce, or death. Generally, only those listed on the record are entitled to receive certified copies, though there are exceptions. Please refer to our website for more information on possible exceptions. Individuals entitled to received certified copies of vital records are as follows:

#### **Birth Certificates:**

- Registrant (child named on record), if of legal age (18 years or older)
- Either parent named on the certificate
- Lawyer representing either the registrant or the parent(s) \*
- Legal guardian with certified copy of the guardianship papers (obtained from a Court) \*
- Unemancipated Minor with signed affidavit \*

### Marriage / Divorce Certificates:

- Either party named on the certificate
- Lawyer representing either party \*

#### **Death Certificates:**

- Immediate family members (parent, current spouse, child)
- Lawyer representing the immediate family \*
- A bank, executor of the estate, insurance company, or anyone requiring a certificate to pay a policy or death benefit on the decedent \*
- In some cases, individuals or organizations may be authorized to obtain a certificate when determining a personal or property right \*

**GENEALOGY REQUESTS:** Written verifications of a record may be issued for genealogical research if the record requested is a closed record. In order to obtain a verification of a closed record, the requestor must provide evidence that the individual(s) listed on the record are deceased (provide copies of death certificates) as well as documentation showing how the requestor is related to the person listed on the record (through copies of birth and marriage records). Verifications are a redacted version of the full record and may not contain all the information available on the original.

**IDENTIFICATION REQUIRED:** The requestor must include a photocopy of a valid government issued picture identification that includes a permanent signature with their request. IDs less than 60 days expired are still acceptable. *The validity of the identification submitted is determined by Vital Statistics Services.* A notarized signature on the front of this form may take the place of an ID. Please refer to our website for more information on possible exceptions.

## **Accepted Government Issued IDs:**

- Driver's License
- State ID Card
- Passport

- Passport Card
- Tribal ID
- Consular Card

- · Retired or Dependent Military ID
- U.S. Concealed Weapons Permit
- State or Federal Prison Corrections ID

**DESCRIPTION OF CERTIFIED COPIES:** Standard certified copies of vital records are computer generated (abstracts) and are acceptable for all legal purposes including but not limited to: Government Agencies (Department of Motor Vehicles, Passport, etc.), Insurance Companies, and Educational Institutions.

**SUBMITTING THE REQUEST:** Mail this completed form to the address listed on the front. Ensure you have signed the request, attached a photocopy of your identification, included a payment in the correct amount to cover the cost of your request(s), and provided a **SELF-ADDRESSED STAMPED ENVELOPE** to mail the records requested to you. Checks or money orders should be made payable to Vital Statistics Services. The check must be bank-personalized and on the **account of the person making the request.** Cash is also accepted but not recommended. *If your request requires the Excessive Copies Form (4 or more certificates requested in a lifetime) please be sure to include this form as well.* 

Fees - Certified Copies	Fees	# of Copies	Sub-total Cost
Birth, Marriage, Divorce, Stillbirth	\$25.00		
Death - First Copy (per request)	\$25.00		
Death - Each Additional Copy	\$20.00		
Death Search – Per 5 years searched. Fee covers one certified copy if found	\$35.00		
Search - For every five (5) years searched. Fee covers one certified copy if found.	\$30.00		
Photocopy of a Certificate	\$30.00		
Adoption; Court Ordered Change, Correction or Amendment; Court Order of Paternity	\$55.00		
Corrections (not involving a court ordered action)	\$20.00		
Affidavit Acknowledging Paternity	\$25.00		
Replacement Certificate Following a Correction (Previously issued certificate must be returned.)	\$15.00		
Self Addressed Stamped Envelope  Cash Check Money Order	Total		

<sup>\*</sup> The applicant must demonstrate the requirement for the certificate