



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



Stefan Johansson
Director

Mark Gordon
Governor

Notarized Statement for Requesting Copy of a Wyoming Certificate

Name(s) on Certificate: _____

Date of Request: _____

Signature of Requestor _____

Printed Name of Requestor

Street Address

City, State & Zip

appeared before me with acceptable identification and or evidence, or is personally known to me, sworn to or affirmed to, signed the foregoing statement.

Subscribed and Sworn to before me on this date: _____

In the State of _____

County of _____

Signature of Notary Public _____

My commission expires _____

SEAL