

IDAHO VITAL RECORDS CERTIFICATE REQUEST FORM STILLBIRTH/MISCARRIAGE

If you are requesting any type of change to the certificate, please use form Idaho Vital Records Certificate Request - Legal Action!

WARNING: False application for a certified copy of a vital record is a falony punishable by Title 39. Change 2 Idaho Code

WARNING: False application for a certified copy of a vital record is a felony punishable by Title 39, Chapter 2, Idaho Code .								2, Idaho Code.	
	А	PPLICANT	INF	ORMATION - IT	EMS IN RED* ARE	REQUIRE	D		
☐ MAIL ORDER TO APPLICANT ADDRESS					☐ MAIL ORDER TO OTHER/NAME ADDRESS				
APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*			MAIL TO NAME - FIRST		MAIL TO NAME - LAST			
APPLICANT STREET ADDRESS*					MAIL TO STREET ADDRESS				
APPLICANT CITY*		APPLICANT STATE*		APPLICANT ZIP CODE*	MAIL TO CITY		MAIL TO STATE	MAIL TO ZIP CODE	
APPLICANT DAYTIME CONTACT PHONE NUMBER*					APPLICANT EMAIL ADDRESS*				
Sign this request. Incl			des of	f applicant's pic	ture ID with your paym	nent. (See	page 2 for II	O information)	
		CERTIFIC	CATE	INFORMATION	l (Available from M	ay 1947)			
Number of Certified C		Copies (computer generated)		Number of	Certified Photocopies (exact image)		es (exact image)		
STILLBIRTH* (AV	m 1911) Or			MISCARRIAGE*	(Available from July 2016)				
DATE OF STILLBIRTH	CITY OF STILLB	IRTH IN IDAHO	STATE	НО	DATE OF MISCARRIAGE	CITY OF MISCAI	CITY OF MISCARRIAGE IN IDAHO STATE IDAHO		
FIRST NAME ON CERTIFICATE		MIDDLE NAME ON CERTIFICATE			LAST NAME ON CERTIFICATE		LAST NAME AT BIRTH		
□MOTHER □ FATHER									
FIRST NAME ON CERTIFICATE		MIDDLE NAME ON CERTIFICATE			LAST NAME ON CERTIFICATE		LAST NAME AT BIRTH		
APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHOOSE ONE)									
DOCUMENTARY PROOF OF RELATIONSHIP MAY BE REQUIRED FOR THE FOLLOWING:									
□Self □Parent □Child □Current Spouse □Brother/Sister □Grandchild □Maternal Grandparent □Paternal Grandparent									
DOCUMENTARY PROOF OF RELATIONSHIP WILL BE REQUIRED FOR THE FOLLOWING: - Include with order Attorney □Legal Guardian □Government Agency □Other (Specify):									
PURPOSE FOR ORDERING THE CERTIFICATE (CHOOSE ONE)									
□ID/Passport □Personal Records/Use □School/Sports □Legal Purposes □Insurance/Benefits □Family History									
□Estate Settlement □Pending Adoption □Other (Specify):									
				ORDER	TOTALS				
Total number of certificates ordered: at \$16.00* each								\$	
Need RUSH service? □YES if checked, enclose additional \$10.00* and write RUSH on envelope							\$		
TOTAL AMOUNT DUE								\$	
								ī	

Mail completed form and payment to:

IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036

For questions see our website or email IVR@dhw.idaho.gov



IDAHO VITAL RECORDS CERTIFICATE REQUEST INFORMATION STILLBIRTH/MISCARRIAGE

PLEASE READ THIS INFORMATION CAREFULLY. FAILURE TO DO SO COULD CAUSE A SIGNIFICANT DELAY IN PROCESSING.

A letter will be sent if the certificate you order cannot be located. The \$16.00 search fee will not be refunded per IDAPA 16.02.08 251 02.

Complete this request form and mail it to: IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036. Remember to sign your request. Enclose the correct fees and a copy of both sides of your signed picture ID.

To order online through VitalChek, please see our website at healthandwelfare.idaho.gov/vitalrecords. Additional charges will apply. All credit card orders are processed through VitalChek.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a Signature	OR Two Forms of CURRENT ID	OR		
 Driver's License State ID card Passport Tribal ID card Concealed Weapons Permit Prison ID card 	 Social Security Card with signature Work ID card with picture or signature Auto registration with signature Traffic ticket with signature Court record with signature College/School ID with picture 	 Matricula card with signature Insurance record Auto insurance Driver Permit Pay stub Hunting/Fishing license Passport card 	Notarized signature on the request (see below) Have an immediate family member (that has current ID from the approved list) request it for you (Please note: proof of relationship may be required)	

CERTIFICATE FEES

\$16.00 for each certified copy or search for a vital record. A Certified Copy is computer generated and is valid for most legal purposes. A Certified Photocopy is an exact image of the record on file in our office, and is valid for most legal purposes.

RUSH FEES

\$10.00 one-time charge to RUSH this order. Write **RUSH** on the outside of your envelope.

SHIPPING

There is no shipping charge for regular mail delivery via US mail. If you need faster shipping or order tracking, order online through <u>vitalchek.com</u>. *Additional charges will apply*. Certificates cannot be sent via email or fax.

PROCESSING TIMES

For current processing times, visit healthandwelfare.idaho.gov/vitalrecords. Most orders take 1-3 weeks to complete once received in our office. Most RUSH orders take 5-7 days once received in our office. Current workload, staffing levels, missing or incomplete application information, or unresolved legal issues affecting certificates may impact actual processing times.

SPECIAL HANDLING FEE FOR APOSITLLE

If you want us to send your certificate and completed apostille application to the Idaho Secretary of State, please visit healthandwelfare.idaho.gov/vitalrecords or call 208-334-5980 for instructions **BEFORE** sending the \$10.00 special handling fee.

Make your SIGNED check or money order payable to **Idaho Vital Records**. All Vital Records fees may be combined and paid with <u>ONE</u> check or money order. Please check your total carefully! Overpayments of less than \$10.00 are not refunded unless requested in writing.