

IDAHO VITAL RECORDS LEGAL ACTION REQUEST FORM CERTIFICATE CHANGES AND DELAYED RECORD FILINGS MARRIAGE/DIVORCE

!THIS FORM SHOULD ONLY BE USED FOR REQUESTING A CHANGE TO A CERTIFICATE OR FILING A DELAYED RECORD!

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

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APPLICANT INFORMATION - ITEMS IN RED* ARE REQUIRED							
☐ MAIL ORDER TO APPLICANT ADDRESS			☐ MAIL ORDER TO OTHER NAME/ADDRESS				
APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*		MAIL TO NAME - FIRST		MAIL TO NAME - I	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. Include a copy	of both sides of	f applicant's pic	ture ID with your paym	nent. (See	page 2 for II	D information)	
APPLICANT SIGNATURE*: X							
	CERTIFICATE	INFORMATION	N (Available from M	ay 1947)			
Number of Certified C	opies (compute	er generated)	Number of	Certified Photocopies (exact image)			
□MARRIAGE*	or		□DIVORCE*				
DATE OF MARRIAGE CITY OF MARRIA	AGE IN IDAHO STATE		DATE OF DIVORCE	CITY OF DIVORO	E IN IDAHO	STATE	
	IDA	НО				IDAHO	
□BRIDE □GROOM □HUSBAND □WIFE □PARTNER							
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERT	TFICATE	LAST NAME ON CERTIFICATE		LAST NAME AT BI	RTH	
□BRIDE □GROOM □HUSBAND □WIFE □PARTNER							
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERT	TFICATE	LAST NAME ON CERTIFICATE		LAST NAME AT BI	RTH	
					/OU O O O O O		
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):							
CHANGE(S) TO THE CERTIFICATE AND ORDER TOTALS							
□Correction** - made within the first year (No Charge) □Correction** - made after the first year \$20.00							
see back of form to enter correction information Exchange (Corrections only) \$5.00 each							
□ Delayed Filing of a Record \$25.00 Number of exchanges requested:						\$	
Total number of certificates ordered: at \$16.00* each plus change(s) to certificate						\$	
Need RUSH service? □YES if checked, enclose additional \$25.00* and write RUSH on envelope						\$	
TOTAL AMOUNT DUE						\$	
Mail completed form and payment to:							

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

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



IDAHO VITAL RECORDS LEGAL ACTION REQUEST INFORMATION CERTIFICATE CHANGES AND DELAYED RECORD FILINGS MARRIAGE/DIVORCE

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. Remember to sign your request. Enclose the correct fees and a copy of both sides of your signed picture ID.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a Signature	OR Two Forms of CURRENT ID - One MUST have a Signature	OR
 Driver's License State ID card Passport Tribal ID card Concealed Weapons Perm 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 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)

CORRECTION INFORMATION							
	Description of Item on the Certificate	Incorrect Information (as currently shown on the certificate)	Corrected Information (how it should be shown on the certificate)				
EXAMPLE	Mother's Last Name at Birth	Smithe	Smith				
Item #1							
Item #2							
Item #3							
Item #4							
Item #5							

FOR CORRECTIONS ONLY

You will be mailed additional information and forms to make the changes requested. A \$20.00 fee will be charged for changes made more than one year after the event. Previously issued certificates may be exchanged for \$5.00 each within 60 days of a completed correction.

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.

LEGAL ACTION RUSH FEES

\$25.00 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, include a self-addressed prepaid express envelope with your order. Certificates cannot be sent via email or fax.

PROCESSING TIMES

For current processing times, visit <a href="https://example.com/h

SPECIAL HANDLING FEE FOR APOSTILLE

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.