



State of Iowa Commemorative Certificate of Birth

The Iowa Department of Public Health is pleased to offer commemorative certificates of birth, which makes a memorable keepsake or gift.

This parchment certificate features a gold foil border, image of the state capital of Iowa, and calligraphy print of the individuals' personal information. Gold embossed State and Iowa Department of Public Health seals make it a valid certified copy and legal document. Each certificate is signed by both the Governor of Iowa and the State Registrar. Its 8-1/2" x 11" size is suitable for framing.

Certificates are delivered in protective envelopes within 60 days of application. All applicants must meet the same qualifying direct-and-tangible interest standards (i.e., immediate family) as for any certified birth certificate request. Submit each fully completed application form with \$35 (check or money order) to:

Iowa Department of Public Health
Bureau of Health Statistics
321 E. 12th Street
Lucas State Office Building, 1st Floor
Des Moines IA 50319-0075.

The \$35 fee for the commemorative marriage certificate includes the search for the record and one commemorative certificate. If the record is not located, the applicant will receive a notification of the record search results and a \$15 refund, with \$20 retained in this office to cover the cost of the search as required by Iowa statute.

Each additional commemorative certificate for the same record is \$35 and can be ordered on the same application form.

Application for regular certified marriage certificates requires a fee of \$20 for a state record search and includes one certified copy. Each additional copy of the same record is also \$20. If the record is not located, the applicant receives a notification to that affect. The \$20 fee is retained in this office for the search.

Applications to search for a vital record event for the purpose of obtaining a commemorative copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or representation. Applicants must be 18 or older. Requests must include the applicant's current government-issued photo identification (e.g., driver's license), except if by mail, a clear photocopy of the I.D., and the applicant's signature signed in front of a notary public or in the presence of an Iowa Registrar of Vital Records.

SEE OTHER SIDE FOR AN APPLICATION FORM.

COMMEMORATIVE BIRTH

APPLICATION FOR IOWA COMMEMORATIVE BIRTH CERTIFICATE

Requests require the applicant's **current government- issued photo identification (e.g., driver's license) and signature signed in front of a notary public** or in the presence of an Iowa Registrar of Vital Records.

1. **PERSON'S NAME AS IT APPEARS ON THE RECORD** _____
FIRST MIDDLE, if any SURNAME (Last)
2. **DATE OF BIRTH – BE SPECIFIC – Month/Day/Year** _____
3. **PLACE OF BIRTH (City and/or County)** _____
4. **1st PARENT'S NAME PRIOR TO MARRIAGE – FIRST/MIDDLE, if any/LAST** _____
5. **2nd PARENT'S FULL NAME – FIRST/MIDDLE, if any/SURNAME (Last)** _____

6. **WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?** Yes No Unknown
7. **LEGAL ACTIONS PREVIOUSLY RECORDED (if any)** None Adoption Paternity Establishment Legal Change of Name on Birth Certificate
- 7a. **IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME (on birth certificate)** _____
Marriage does NOT change the birth certificate.

8. **PURPOSE FOR COPY** _____ 9. **BIRTHDATE of APPLICANT/RECIPIENT** _____
10. **HOW ARE YOU RELATED TO THE PERSON NAMED ON THE RECORD?** _____
11. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)**
- 12a. **Name of Applicant/Recipient** _____
- 12b. **Street address and P.O. Box (if any)** _____
- 12c. **City, State and Zip Code** _____
12. **THE SEARCH RESULT IS TO BE** (Check one) Mailed Picked up (for in-person requests only)
13. **THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00**, total cost for one commemorative copy is \$35.00 if the record is located. Each additional copy is \$35.00. Indicate the number of copies of this record you need. _____
14. **THIS SEARCH PAID BY** (Check one) Check Money Order Cash (In-person only) 15. **AMOUNT ENCLOSED** _____
- Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must accompany this form. Make check or money order payable to 'Iowa Dept. of Public Health' (IDPH).
16. **APPLICANT'S NAME (Print clearly)** _____ 17. **DAYTIME PHONE #** _____
(Include area code)

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

18. **APPLICANT'S SIGNATURE** _____ 19. **DATE** _____

<p>APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly) _____</p> <p>State of _____ County of _____ ss _____ (SEAL)</p> <p>Signed and affirmed in my presence on this ____ day of _____, _____.</p> <p>_____, My commission expires: _____</p> <p style="text-align: center;"><small>(Notary Public Signature)</small></p>	<p>Administrative Use Only</p> <p>I.D. _____</p> <p>Initials _____</p>
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BEFORE MAILING:

- INCLUDE A CLEAR PHOTOCOPY OF YOUR IDENTIFICATION (e.g., driver's license)
- SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC
- INCLUDE FEE PAYMENT AS DESCRIBED IN ITEM 13, 14 AND 15 ABOVE

SEE OTHER SIDE FOR ADDITIONAL INSTRUCTIONS