



# Sioux County Recorder's Office

Anita K. Van Bruggen Recorder/Registrar

Box 48

210 Central Avenue S.E.

Orange City, Iowa 51041-0048

Phone (712) 737-2229

Fax: (712) 737-3032

[recorder@siouxcounty.org](mailto:recorder@siouxcounty.org)

To Whom It May Concern:

Enclosed please find the form you should use to request your Vital Record (Birth/Death/Marriage Record) from Sioux County. Please complete the form and have the signature notarized. The form and the \$20.00 fee (PAYABLE TO SIOUX COUNTY RECORDER) should be returned directly back to my office. When I get your request and the fee back in my office, I will issue the certified copy of the Vital Record and mail it directly back to the address listed on the form.

If your birth occurred between the years of 1921-1941 you must request your birth record from the State of Iowa. If a single parent birth occurred before 1995 this request must also be made from the State of Iowa.

The address is: Iowa Dept. of Public Health  
Lucas State Office Bldg. 1<sup>st</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0075

If you have any further questions, please feel free to call me at 712-737-2229 or e-mail me at [anitavb@siouxcounty.org](mailto:anitavb@siouxcounty.org).

Thank you.

*Anita K. Van Bruggen*

Sioux County Recorder  
P.O. Box 48 (mailing address)  
Orange City, IA 51041-0048

Sioux County Recorder  
210 Central Avenue SW (physical address for overnight requests)  
Orange City, Iowa 51041

# APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

REQUESTS REQUIRE THE APPLICANT'S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION AND SIGNATURE SIGNED IN FRONT OF A NOTARY PUBLIC OR IN THE PRESENCE OF AN IOWA REGISTRAR OF VITAL RECORDS.

- This application is for a **SEARCH** for an **Iowa** birth, death or marriage record. Fees are due upon application.
- If requesting a certified copy of a birth record, complete all items except 2(A).
- If requesting a certified copy of a death record, complete all items except 2(A) and 7.
- If requesting a certified copy of a marriage record, complete all items, including 2(A).
- If requesting by mail, the I.D. must be a clear photocopy and the signature notarized.

1. **EVENT TYPE** (Check one)     BIRTH     DEATH     MARRIAGE     FETAL DEATH     BIRTH RESULTING IN STILLBIRTH

2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** \_\_\_\_\_  
FIRST                      MIDDLE, if any                      LAST (Surname)

2a. **If for Marriage record, SPOUSE'S NAME** \_\_\_\_\_  
FIRST                      MIDDLE, if any                      LAST (Surname)

3. **DATE OF EVENT** (Birth, Death, or Marriage) – BE SPECIFIC – Month, Day, Year \_\_\_\_\_

4. **PLACE OF EVENT** (City and/or County) \_\_\_\_\_

5. **PARENT'S FULL NAME PRIOR TO ANY MARRIAGE** – First, Middle, Last (Surname) \_\_\_\_\_

6. **2<sup>ND</sup> PARENT'S FULL NAME** – First, Middle, Last (Surname) \_\_\_\_\_

7. (Birth Only) **WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?**     Yes     No     Unknown

8. **LEGAL ACTIONS TO BIRTH RECORD**     None     Adoption     Paternity Establishment     Legal Change of Name

8a. **IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME** (on birth certificate) \_\_\_\_\_  
Marriage does NOT change the birth certificate.

9. **PURPOSE FOR COPY** \_\_\_\_\_                      10. **BIRTHDATE of APPLICANT** \_\_\_\_\_

11. **RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD** \_\_\_\_\_

12. **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** \_\_\_\_\_

13. **THE SEARCH RESULT IS TO BE** (Check one)     Mailed     Picked up (for in-person requests only)

14. **THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00** and one certified copy is issued if the record is located. Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. \_\_\_\_\_

15. **THIS SEARCH PAID BY** (Check one)     Check     Money Order     Cash (In-person only)    16. **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.

17. **APPLICANT'S NAME** (Print clearly) \_\_\_\_\_                      18. **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.

19. **APPLICANT'S SIGNATURE** \_\_\_\_\_                      20. **DATE** \_\_\_\_\_

<p><b>Signature must be notarized if applying by mail</b></p> <p>State of _____ County of _____ ss</p> <p>Signed and affirmed in my presence on this ____ day of _____, _____.</p> <p>_____, My commission expires: _____</p> <p style="text-align: center; font-size: small;">Notary Public Signature</p>	<p>(SEAL)</p>	<p style="text-align: center;"><b>Administrative Use Only</b></p> <p>I.D. _____</p> <p>Initials _____</p>
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SEE OTHER SIDE FOR INSTRUCTIONS