



## *Sioux County Recorder's Office*

Anita K. Van Bruggen Recorder/Registrar

Box 48

Orange City, Iowa 51041-0048

Phone (712) 737-2229

Fax: (712) 737-3032

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

To Whom It May Concern:

Enclosed please find the Form you should use to request your Vital Record (Birth/Marriage/Death Record) from Sioux County. Please complete the Form and have the signature notarized. **The Form and \$20.00 fee (payable to Sioux County Recorder) and a Copy of your Driver's License should be returned directly back to my office.** When I get your request and the fee here 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, that record must also be requested from the State of Iowa.**

**The address is: Iowa Dept. of Public Health**

**Lucas State Office Building, 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, Iowa 51041-0048

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

# APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

OFFICE USE ONLY	
Application ID	_____
Security #	_____
_____	_____

- 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).
- SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS AND INFORMATION

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 – ONLY EVENTS THAT OCCUR IN IOWA**  
(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  No Fee Exchange

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>APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly) _____ (SEAL)</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><small>Notary Public Signature</small></p>	<p><b>Administrative Use Only</b></p> <p>I.D. _____</p> <p>Initials _____</p>
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