



## Sioux County Recorder's Office

Jessica Kooiker, Recorder/Registrar

Box 48

Orange City, Iowa 51041-0048

Phone (712) 737-2229

Fax: (712) 737-3032

[jessicak@siouxcounty.org](mailto:jessicak@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 OCCURED BETWEEN THE YEARS OF 1921 – 1941, YOU MUST REQUEST YOUR BIRTH RECORD FROM THE STATE OF IOWA. IF A SINGLE PARENT BIRTH OCCURRED BEFORE 1990, 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 [jessicak@siouxcounty.org](mailto:jessicak@siouxcounty.org)

Thank you.

*Jessica Kooiker*

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

<b>OFFICE USE ONLY</b> Application ID _____  Security # _____  _____
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- 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).
- Requests must include the applicant's current government-issued photo identification (i.e., 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 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** \_\_\_\_\_

<b>APPLICANT'S NAME AS APPEARS ON PHOTO I.D.</b> (Print clearly) _____ State of _____ County of _____ ss _____ (SEAL) Signed and affirmed in my presence on this ____ day of _____, _____, My commission expires: _____ <small>Notary Public Signature</small>	<b>Administrative Use Only</b> I.D. _____ Initials _____
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