



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

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 1990, that record must also be requested from the State of Iowa.

The address is: Iowa Dept. of Public Health

Lucas State Office Building, 1st Floor

321 E. 12th 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

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 AN IOWA VITAL RECORD

OFFICE USE ONLY Application ID _____ Security # _____ _____
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- **Submit all the following:**
 - Completed application for an **IOWA** birth, death or marriage record;
 - \$20 fee payable in U.S. funds;
 - Copy of current government issued photo ID;
 - SIGNATURE MUST BE NOTARIZED WHEN MAILING THE REQUEST.

DID THE EVENT OCCUR IN IOWA? If yes, continue.
If no, you must apply in the state the event occurred.

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

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. **2ND 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 CERTIFICATE IS TO BE** (Check one) Mailed Picked up (for in-person requests only)

14. **THE FEE IS \$20.00** and one certified copy is issued.
Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. _____

15. **THIS REQUEST PAID BY** (Check one) Check Money Order Cash No Fee Exchange

16. **AMOUNT ENCLOSED** _____

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 IT 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>Notary Public Signature</p>	<p>Administrative Use Only</p> <p>I.D. _____</p> <p>Initials _____</p>
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