

VITAL RECORD REQUEST FORM
ONLINE REQUESTS CAN BE MADE ON OUR WEBSITE (www.ioniacounty.org)

I am requesting the following type of record:

Birth Record *(Proof of Identity Required) Only certified copies of this record are released. Certified copies are \$20.00 each, 10.00 for each additional copy of the same record at the same time.*

Person's Name at Birth: _____ Date of Birth: _____

Mother's name: _____ Father's name: _____

Number of Copies _____

Death Record *Only certified copies of this record are released. Certified copies are \$20.00 each, \$10.00 for each additional copy of the same record at the same time.*

Decedent's name: _____ Year of Death: _____

Number of Copies _____

Marriage Record *Only certified copies of this record are released. Certified copies are \$20.00 each, \$10.00 for each additional copy of the same record at the same time.*

Spouse #1, Full Name (before marriage): _____

Spouse #2, Full Name (before marriage): _____

Year of Marriage: _____ Number of Copies _____

DD 214 *(restrictions apply; proof of identity required, visit www.ioniacounty.org or call 616-527-5322 for more information)*

Person's Name at Discharge: _____

Date of Discharge: _____ Date of Birth: _____

Number of Copies _____

Person Requesting Record (all information below is required):

Name: _____

Address (include City, State and Zip): _____

E-mail: _____

Signature: _____ PHONE # _____