## To Request a Search for an Iowa Death Record for the Purpose of Obtaining a Certified Copy

In Iowa, official registration of deaths began July 1, 1880. Original records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Statewide record searches are available from the state registrar. Local vital records registrars are located in county recorders' offices, where records of deaths that have occurred in that county are maintained. *County registrars are not authorized by law to have records sealed by a court of law; or death records between the years 1921 to 1941.* Pursuant to Iowa law, information about a specific record is not available over the telephone or by prepared lists. Iowa law provides for public viewing in the county where the record is maintained, or certified copies issued to entitled persons.

Applications to search for a vital record event for the purpose of obtaining a certified copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, or siblings. Legal representatives must also provide additional proof of representation. Applicants must be 18 or older. 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.

**FEES:** As of Jan. 1, 2014, a non-refundable \$20 fee is required to search for a record and includes one certified copy if the record is located. Each additional copy of the same record is \$20. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be written from the applicants' account; money orders must be in the name of the applicant. Fees must be paid at the time of the application (Iowa Constitution, Article VII, Section 1).

#### STATE CERTIFIED COPIES.

Certified copies of death certificates may be obtained from the state Bureau of Health Statistics by telephone, in-person, or through a postal service. Fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. In-person requests may also be paid in cash. *Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants*.

**Telephone:** Customers may call **toll-free** to **1-866-809-0290** from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. A fee of \$20 is charged for the record search and includes one copy if a record is on file in the state office. Each additional copy of the same record is \$20. A VitalChek operator will take the caller's information, screen the credit card, authenticate the caller's identity and complete the order. The fee to screen the credit card and authenticate the caller is an additional \$13.00. Group orders consisting of more than one event type (i.e. birth, death or marriage) within one transaction will be charged an additional \$3.00 fee. Turnaround time may be about two (2) weeks, depending on volume and mail service. *Genealogy requests are <u>not available by telephone request</u>.* 

**In-person:** Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays, at the address below, just inside the north lobby entrance and to the right. The Lucas building is the first building east of the state Capitol. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Certificates are "generally" ready for pick up the next business day after 2:00 PM or mailed to an entitled person. Mail time may take 5 to 7 additional days.

<u>Postal service</u>: Written requests and fees are mailed to the address below. Requests must state the relationship to the person named on the record and the purpose for the copy. Turnaround time may be 4 to 6 weeks, depending on seasonal demands and mail service. <u>The request must be signed in front of a notary public and include a clear photocopy of the applicant's current government-issued photo identification.</u>

Iowa Department of Public Health Bureau of Health Statistics Lucas State Office Building 1st Floor, 321 E. 12th Street Des Moines, Iowa 50319-0075

SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR EITHER A COUNTY-CERTIFIED OR A STATE-CERTIFIED COPY OF AN IOWA VITAL RECORD

# **DEATH**

## APPLICATION FOR A SEARCH FOR AN IOWA RECORD

Check One DEATH FETAL DEATH BIRTH RESULTING IN STILLBIRTH (Fetal Death must be or			
	quests require the applicant's <u>current government-issued photo identification (e.g., dr</u> I signature signed in front of a notary public or in the presence of an Iowa Registrar of		
1.	DECEASED AS NAMED ON THE RECORD  FIRST MIDDLE, if any LA	AST (Surname)	
2.	DATE OF DEATH – BE SPECIFIC – Month, Day, Year	,	
3.	PLACE OF DEATH (City and/or County)		
4.	PARENT'S FULL NAME PRIOR TO ANY MARRIAGE— First, Middle, Last (Surname)		
5.	2 <sup>ND</sup> PARENT'S FULL NAME - First, Middle, Last (Surname)		
6.	PURPOSE FOR COPY 5. BIRTHDATE of APPLICANT		
7.	HOW ARE YOU RELATED TO THE PERSON NAMED ON THE RECORD?		
8.	NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY: (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)		
	7a. Name of Applicant/Recipient		
	b. Street address and P.O. Box (if any)		
7c. City, State and Zip Code			
9.	THE SEARCH RESULT IS TO BE (Check one)		
10.	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.		
11.	THIS SEARCH PAID BY (Check one)		
includ	eks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must be ded with this application. Make checks and money orders payable to the 'lowa Dept. of Public Health' (for state copies) or trar of vital records in the county of the event (for county copies).		
13.	APPLICANT'S NAME (Print clearly) 14. DAYTIME PHONE #		
		(Include area code)	
	ertify that the information that I provided on this application is accurate and complete to the best of my knowle al entitlement to a certified copy of this record. I have signed below in front of a Notary Public or an Iowa regi		
15.	APPLICANT'S SIGNATURE 16. DATE		
APP	PLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly)	Administrative Use Only	
Staf	te of ss (SEAL)	I.D	
Sigı	ned and affirmed in my presence on this day of,	Initials	
	, My commission expires:		

### **BEFORE MAILING:**

- INCLUDE A CLEAR PHOTOCOPY OF YOUR GOVERNMANET-ISSUED PHOTO IDENTIFICATION (e.g., driver's license)
  - SIGN THIS APPLICATION IN FRONT OF A NOTARY PUBLIC
  - INCLUDE FEE PAYMENT AS DESCRIBED IN ITEM 10, 11 AND 12 ABOVE