

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

In Iowa, official registration of marriages 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 births and deaths that have occurred in that county are maintained. Marriage records are maintained in the county where the license to marry was obtained. ***County registrars are not authorized by law to have records for marriages between the years 1921 to 1941.*** Per 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, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or 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.

**PAYMENT:** A non-refundable \$15 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 \$15. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be drawn 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).

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### STATE CERTIFIED COPIES.

Certified copies of marriage 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 take at least 60 days.

**Telephone:** For general information, or to order a certified copy by telephone using a credit card, call 515-281-4944 from 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays. An additional \$9.00 fee is charged for the expedited process of credit card usage. Turnaround time is usually 10 to 14 days, depending on seasonal demands and mail service. ***Genealogy requests are not available through the credit card line.***

**In-person:** Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 5:00 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 just east of the state Capitol and south of Grand Avenue. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Copies may either be picked up after two working days or mailed to an entitled person. Genealogy requests take at least 60 days.

**Postal service:** 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. Filled requests take 30-45 days, depending on seasonal demands and mail service. Genealogy requests take at least 60 days. **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.**

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

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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

# MARRIAGE

## APPLICATION FOR A SEARCH FOR AN IOWA RECORD

Requests require the applicant's **current government- issued photo identification (i.e., driver's license)** **and signature signed in front of a notary public** or in the presence of an Iowa Registrar of Vital Records.

1. **PARTY A NAME AS IT APPEARS ON THE RECORD** \_\_\_\_\_  
Bride Groom Spouse (select one) FIRST MIDDLE, if any LAST BEFORE AFTER

2. **PARTY B NAME AS IT APPEARS ON THE RECORD** \_\_\_\_\_  
Bride Groom Spouse (select one) FIRST MIDDLE, if any LAST BEFORE AFTER

3. **DATE OF MARRIAGE – BE SPECIFIC – Month/Day/Year** \_\_\_\_\_

4. **PLACE OF MARRIAGE** (City and/or County where license obtained) \_\_\_\_\_

5. **PURPOSE FOR COPY** \_\_\_\_\_ 6. **BIRTHDATE of APPLICANT/RECIPIENT** \_\_\_\_\_

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)

8a. **Name of Applicant/Recipient** \_\_\_\_\_

8b. **Street address and P.O. Box** (if any) \_\_\_\_\_

8c. **City, State and Zip Code** \_\_\_\_\_

9. **THE SEARCH RESULT IS TO BE** (Check one)  Mailed  Picked up (for in-person requests only)

10. **THE NON-REFUNDABLE FEE TO SEARCH IS \$15.00** and one certified copy is issued if the record is located. Each additional copy of the same record is \$15.00. Indicate the number of copies of this record you need. \_\_\_\_\_

11. **THIS SEARCH PAID BY** (Check one)  Check  Money Order  Cash (In-person only) 12. **AMOUNT ENCLOSED** \_\_\_\_\_

Checks must be drawn from the applicants' account; money orders must be in the name of the applicant. Fee payment must accompany this form. Checks should be payable to 'Iowa Dept. of Public Health' (IDPH).

13. **APPLICANT'S NAME** (Print clearly) \_\_\_\_\_ 14. **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.

15. **APPLICANT'S SIGNATURE** \_\_\_\_\_ 16. **DATE** \_\_\_\_\_

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

**INCLUDE A CLEAR PHOTO COPY OF YOUR IDENTIFICATION (i.e., driver's license)**

**NOTARIZE YOUR SIGNATURE ON THIS APPLICATION**

**INCLUDE PAYMENT AS DESCRIBED IN ITEM 13, 14 AND 15 ABOVE**

SEE OTHER SIDE FOR ADDITIONAL INSTRUCTIONS