Reset Form

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH
Bureau of Vital Records and Health Statistics

IDAHO VITAL RECORDS LEGAL ACTION AND CERTIFICATE REQUEST FORM DEATH

!THIS FORM SHOULD ONLY BE USED FOR REQUESTING A CHANGE TO A CERTIFICATE OR FILING A DELAYED RECORD!

WARNING: False application for a certified copy of a vital record is a felony punishable by Title 39, Chapter 2, **Idaho Code**.

APPLICANT INFORMATION - ITEMS IN RED* ARE REQUIRED

☐ MAIL ORDER TO APPLICANT ADDRESS

APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*	
APPLICANT STREET ADDRESS*		
APPLICANT CITY*	APPLICANT STATE*	APPLICANT ZIP CODE*
APPLICANT DAYTIME CONTACT PHONE NUMBER*		

☐ MAIL ORDER TO OTHER NAME/ADDRESS

MAIL TO NAME - FIRST	MAIL TO NAME - LAST	
MAIL TO STREET ADDRESS		
MAIL TO CITY	MAIL TO STATE	MAIL TO ZIP CODE
APPLICANT EMAIL ADDRESS*		

Sign this request. Include a copy of both sides of applicant's picture ID with your payment. **(See page 2 for ID information)**

APPLICANT SIGNATURE*: _____

CERTIFICATE INFORMATION

Number of ____ Certified Copies (computer generated) Number of ____ Certified Photocopies (exact image)

DATE OF DEATH	CITY OF DEATH IN IDAHO	STATE OF DEATH **IDAHO**
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE

☐MOTHER ☐FATHER

FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

☐MOTHER ☐FATHER

FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHOOSE ONE)

DOCUMENTARY PROOF OF RELATIONSHIP **MAY** BE REQUIRED FOR THE FOLLOWING:

☐Self ☐Parent ☐Child ☐Current Spouse ☐Brother/Sister ☐Grandchild ☐Maternal Grandparent ☐Paternal Grandparent

DOCUMENTARY PROOF OF RELATIONSHIP **WILL** BE REQUIRED FOR THE FOLLOWING: - Include with order

☐Attorney ☐Legal Guardian ☐Government Agency ☐Other (Specify):

CHANGE(S) TO THE CERTIFICATE AND ORDER TOTALS

☐Correction** - made within the first year (**No Charge**) ☐Correction** - made after the first year **$20.00** ****see back of form to enter correction information** ☐Exchange (Corrections only)** **$5.00 each** ☐Delayed Filing of a Record **$25.00** *Number of exchanges requested: _____*	$
Total number of certificates ordered: _____ at $16.00* each plus change(s) to certificate	$
Need RUSH service? ☐YES if checked, enclose additional $25.00* and write RUSH on envelope	$
TOTAL AMOUNT DUE	$

Mail completed form and payment to:
IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036

For questions see our website or email IVRLA@dhw.idaho.gov

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IDAHO VITAL RECORDS LEGAL ACTION AND CERTIFICATE REQUEST INFORMATION DEATH

PLEASE READ THIS INFORMATION CAREFULLY. FAILURE TO DO SO COULD CAUSE A SIGNIFICANT DELAY IN PROCESSING.

A letter will be sent if the certificate you order cannot be located. The $16.00 search fee will not be refunded per IDAPA 16.02.08 251 02.

Complete this request form and mail it to: IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720. Remember to sign your request. Enclose the correct fees and a copy of *both sides* of your signed picture ID.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a Signature	OR Two Forms of CURRENT ID - One MUST have a Signature		OR
• Driver's License • State ID card • Passport • Tribal ID card • Concealed Weapons Permit • Prison ID card	• Social Security Card with signature • Work ID card with picture or signature • Auto registration with signature • Traffic ticket with signature • Court record with signature • College/School ID with picture	• Matricula card with signature • Insurance record • Auto insurance • Driver Permit • Pay stub • Hunting/Fishing license • Passport card	• Notarized signature on the request • Have an immediate family member (that has current ID from the approved list) request it for you (Please note: proof of relationship may be required)

CORRECTION INFORMATION			
	Description of Item on the Certificate	Incorrect Information (as currently shown on the certificate)	Corrected Information (how it should be shown on the certificate)
EXAMPLE	*Mother's Last Name at Birth*	*Smithe*	*Smith*
Item #1			
Item #2			
Item #3			
Item #4			
Item #5			

FOR CORRECTIONS ONLY:
You will be mailed additional information and forms to make the changes requested. A $20.00 fee will be charged for changes made more than one year after the event. Previously issued certificates may be exchanged for $5.00 each within 60 days of a completed correction.

CERTIFICATE FEES
$16.00 for each certified copy or search for a vital record. A Certified Copy is computer generated and is valid for most legal purposes. A Certified Photocopy is an exact image of the record on file in our office, and is valid for most legal purposes.

LEGAL ACTION RUSH FEES
$25.00 one-time charge to RUSH this order. Write **RUSH** on the outside of your envelope.

SHIPPING
There is no shipping charge for regular mail delivery via US mail. if you need faster shipping, include a self-addressed prepaid express envelope with your order. Certificates cannot be sent via email or fax.

PROCESSING TIMES
For current processing times, visit healthandwelfare.idaho.gov/vitalrecords. Most orders take 1-3 weeks to complete once received in our office. Most RUSH orders take 5-7 days once received in our office. Current workload, staffing levels, missing or incomplete application information, or unresolved legal issues affecting certificates may impact actual processing times

SPECIAL HANDLING FEE FOR APOSTILLE
If you want us to send your certificate and completed apostille application to the Idaho Secretary of State, please visit healthandwelfare.idaho.gov/vitalrecords or call 208-334-5980 for instructions **BEFORE** sending the $10.00 special handling fee.

Make your SIGNED check or money order payable to **Idaho Vital Records**. All Vital Records fees may be combined and paid with *ONE* check or money order. Please check your total carefully! Overpayments of less than $10.00 are not refunded unless requested in writing.