AUTHORIZATION TO RECEIVE A CERTIFIED COPY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 58698 (11-2007)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

Full Name on Record to be Released:	Type of Record: ☐ Birth ☐ Death
Date of Birth or Death (Month, Day, Year)	Place of Birth or Death (City, Township or County)

NDCC 23-02.1-27 (5) - Any individual authorized to receive a certified copy of any specific record many grant another individual the same authority by completing a written authorization on a form prescribed by the State Department of Health.

AUTHORIZATION FOR RELEASE OF VITAL RECORD

Prior to the release of any record, anyone authorizing a designee to obtain their record must complete this section and have their signatures notarized before a notary public.

Printed Name of Authorizing Individual:	Authorizing Signature:
Printed Name of Designee:	Authorizing Individual's Daytime Telephone:

Subscribed to and sworn before me this (date):	SEAL
Signature of Notary Public:	
My Commission Expires:	

IDENTIFICATION OF DESIGNEE

IMPORTANT REMINDER: All designees who are receiving another individual's birth or death record must submit a clear copy of a CURRENT government-issued photo ID that contains the designee's signature.

PLEASE DO NOT ENTER ANTYHING BELOW THE LINE - THIS PORTION FOR VITAL RECORDS USE ONLY

Identification Verified: