



AUTHORIZATION TO RECEIVE A CERTIFIED COPY

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

SFN 58698 (07-2019)

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

I, _____, grant _____
Authorizing Individual (First, Middle, Last) Designee (First, Middle, Last)

in accordance with NDCC 23-02.1-27(5), my legal authorization to request a certified copy of the Vital Record described in the space provided below. I fully understand that this is a one-time authorization and that this grant of access must be notarized and must be accompanied by a fully completed birth, death or fetal death request form, signed by the designee, in order to obtain a certified copy.

1. Full Name on Record to be Released		2. Type of Record <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Fetal Death	
3. Date of Birth or Death (Month, Day, Year)	4. Place of Birth or Death (City, Township or County)		

AUTHORIZATION FOR THE RELEASE OF A BIRTH, DEATH OR FETAL DEATH RECORD

NDCC 23-02.1-27 (5) - Any individual authorized to receive a certified copy of any specific record may grant another individual the same authority by completing a written authorization on a form prescribed by the state department of health. 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 (First, Middle, Last)	
Authorizing Individual's Signature	Authorizing Individual's Daytime Telephone Number ()
Printed Name of Designee (First, Middle, Last)	

NOTARIZATION - The person authorizing their permission to the designee, must have their signature notarized on this form before the access to the record will be granted.

Date Subscribed and Sworn Before Me	SEAL
Signature of Notary Public	
My Commission Expires	

IDENTIFICATION OF DESIGNEE

IMPORTANT REMINDER: All designees who are receiving an authorized individual's birth, death or fetal death record must submit a clear copy of a CURRENT government-issued photo ID. All acceptable forms of identification are listed on the back of this form.