

**COMMONWEALTH OF VIRGINIA
APPLICATION FOR CERTIFICATION OF
A MARRIAGE AND/OR DIVORCE RECORD**

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| FOR OVR USE ONLY |
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Virginia statutes require a fee of \$12.00 be charged for each certification of a vital record or for a search of the files when no certification is made. Please make check or money order payable to State Health Department. There is a \$50.00 service charge for returned checks.

IMPORTANT: The person requesting the vital record must submit an enlarged, legible (readable) and clear photocopy of their identification. (See list on reverse side)

| REQUESTER INFORMATION | | | | DAYTIME PHONE NUMBER | | |
|--|------------------|---|----------|--|----------|----------------------|
| NAME OF REQUESTER (PERSON COMPLETING THE APPLICATION) | | EMAIL (Include to receive updates about your application) | | <input type="checkbox"/> Check this box to receive text notifications. Message & data rates may apply. (For cell phone numbers only) | | |
| NAME OF BUSINESS, <i>if applicable</i> | | | | | | |
| ADDRESS | CITY | STATE | ZIP CODE | | | |
| WHAT IS YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE? | | | | | | |
| <input type="checkbox"/> SELF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT ONE <input type="checkbox"/> PARENT TWO <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> CURRENT SPOUSE <input type="checkbox"/> ADULT SISTER <input type="checkbox"/> ADULT BROTHER <input type="checkbox"/> LEGAL REPRESENTATIVE (<i>Submit Proof</i>) <input type="checkbox"/> OTHER (<i>Specify</i>) _____ | | | | | | |
| WHAT IS YOUR REASON FOR REQUESTING THIS CERTIFICATE? _____ | | | | | | |
| MARRIAGE INFORMATION | | | | | | |
| (Check one) <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Single Status Letter (<i>Instructions for Single Status Letter are on the reverse side</i>) | | | | | | |
| PARTY ONE (Check one) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Spouse | | (first) | (middle) | (last) | (suffix) | (maiden name if any) |
| PARTY TWO (Check one) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Spouse | | (first) | (middle) | (last) | (suffix) | (maiden name if any) |
| NUMBER OF COPIES | DATE OF MARRIAGE | PLACE OF MARRIAGE (<i>city or county in Virginia</i>) | | CIRCUIT COURT WHERE LICENSE WAS ISSUED | | |
| DIVORCE INFORMATION | | | | | | |
| PARTY ONE (Check one) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Spouse | | (first) | (middle) | (last) | (suffix) | (maiden name if any) |
| PARTY TWO (Check one) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Spouse | | (first) | (middle) | (last) | (suffix) | (maiden name if any) |
| NUMBER OF COPIES | DATE OF DIVORCE | PLACE OF DIVORCE (<i>city or county Circuit Court</i>) | | CIRCUIT COURT WHERE DIVORCE WAS GRANTED | | |
| I understand that making a FALSE application for a vital record is a FELONY under state and federal law. I certify and affirm that all information on this form is true and correct. | | | | | | |
| X SIGNATURE OF REQUESTER: _____ | | | | UNSIGNED APPLICATIONS WILL NOT BE PROCESSED. | | |

Please indicate the address you wish the certificate(s) mailed to in the box below. Please type or print clearly.

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|---------------------|
| NAME |
| ADDRESS |
| CITY/STATE/ZIP CODE |

Send Completed Application To:

Office of Vital Records
P. O. Box 1000
Richmond, VA 23218-1000

Contact Information:

(804) 662-6200
www.vdh.virginia.gov/vital-records/

Submit one (1) document from the primary list OR two (2) documents from the secondary list. The State Registrar reserves the right (§32.1-271C) to accept or deny any application submitted.

The acceptable documents listed may change without prior notice.

| ACCEPTABLE PRIMARY IDENTIFICATION LIST | | | |
|--|--|-----|---|
| 1. | Photo Driver's License issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year) | 2. | Learners/Instruction Permit issue by U.S. state, territory or jurisdiction (unexpired or expired for not more than one year) |
| 3. | Photo Identification Card issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year) | 4. | Current Photo Identification Card - (school or employment with identification number; <i>check cashing cards are not acceptable</i>) |
| 5. | Unexpired U.S. Military Card of an active duty or retired member | 6. | U.S. Passport or passport card - unexpired |
| 7. | Unexpired Foreign Passport with Visa, I-94 or I-94W | 8. | U.S. Certificate of Naturalization (form N-550, N-570, N-578) |
| 9. | US Certificate of Citizenship (form N-560, N-561) | 10. | U.S. Citizen Identification Card (form I-197) |
| 11. | Temporary Resident Card (unexpired form I-688) | 12. | Employment Authorization Document (unexpired form I-766) |
| 13. | Refugee Travel Document (unexpired form I-571) | 14. | Resident Alien Card (unexpired form I-551) |
| 15. | Permanent Resident Card (unexpired form I-551) | 16. | Northern Marianas Card (unexpired form I-551) |
| 17. | Asylum – A copy of the first and last page of application for Asylum | 18. | Consular Report of Birth Abroad (form FS-240) |
| 19. | Certification of Report of Birth of a U.S. citizen (DS-1350) | 20. | Virginia Criminal Justice Agency Offender Information Form |
| 21. | U.S. Probation Offender Information Form | 22. | Certificate of Birth Abroad (FS-545) |
| ACCEPTABLE SECONDARY IDENTIFICATION LIST | | | |
| 23. | U.S. Selective Service Card | 24. | U.S. Military Discharge Papers (form DD214) |
| 25. | Certified School Records/Transcript issued by a U.S. state or territory | 26. | Certificate of Enrollment issued by Virginia Department of Education |
| 27. | Life insurance policy | 28. | Health care insurance card – (i.e. Medicare Card, Medicaid Card) |
| 29. | Unexpired Welfare/Social Services identification card with photo issued by municipality | 30. | State issued driver's license or learner's/instruction permit with photo; expired not more than 5 years |
| 31. | State issued photo identification card - expired not more than 5 years | 32. | U.S. Passport or passport card - expired not more than 5 years |
| 33. | Unexpired Military Dependent I.D. card with photo | 34. | Foreign Passport - expired not more than 5 years with a U.S. VISA |
| 35. | Unexpired weapon or gun permit issued by federal, state or municipal government | 36. | Unexpired pilot license |
| 37. | Veteran's Universal Access Identification Card | 38. | INS form I-797 (applicable only for the individual whose name appears on the form) |
| 39. | USCIS student or dependent SEVIS I-20 with or without USCIS stamp (Applicant's name must appear on the form) | 40. | U.S. Department of State form DS-2019 (Applicant's name must appear on the form) |

Single Status Letter Instructions:

Single Status Letters are to verify that no current marriage is on file in the Commonwealth of Virginia. This document is usually needed for marriages that will occur abroad. In Party One of the Marriage Information section of the application, list the name of the person requiring the single status letter. Attach to the application a signed letter with the following information.

- Date of birth of the person requiring the single status letter
- Time period residing in the Commonwealth of Virginia (ex. 1980 – 2001)
- Time period requesting to be search (ex. 1987 – 1997)
- Date of any marriages, if applicable
- Date of any divorces, if applicable

Amendment Guidance

Amendments to marriage and divorce records are handled by the Circuit Court where the license was issued or the divorce granted. You should contact the court directly to initiate the change. Upon granting the requested change the court will forward the order to the Office of Vital Records.