RUHS – PUBLIC HEALTH

Office of Vital Records

**APPLICATION FOR**

**LETTER OF NON-CONTAGIOUS DISEASE**

 **and/or LETTER OF AUTHENTICATION**

|  |
| --- |
| **Section A: Registrant’s Information (individual named on the certificate)**  |
| First Name |  |
| Last Name |  |
|  |  |
| **Section B: Applicant’s Information** |
| Your First Name Your Last Name |
| Your Address City, State Zip Code |

**Type of Certificate: Birth Certificate Death Certificate**

**Type of Letter:**

|  |  |
| --- | --- |
|  **Non-Contagious Disease**$10.00 per letter **Number of Letters Requested \_\_\_\_\_\_\_\_\_**  |  **Authentication** $10.00 per letter **Number of Letters Requested \_\_\_\_\_\_\_\_\_** |

 **Total Number of Letters \_\_\_\_\_\_\_\_\_\_\_\_ Total Amount $\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature**   **Date**

DOPH\_VR\_Letters\_Public\_Health (Revised 05/15/2018)