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)