

# ARKANSAS DEPARTMENT OF HEALTH

## VITAL RECORDS AUTHORIZATION FORM

This form is to be filled out by an individual already eligible to receive a vital record certificate, in order to authorize another individual (the designee) to receive the certificate on their behalf. To be considered valid, this form must be accompanied by a copy of the eligible individual's acceptable identification. Both may be submitted either in-person by the designee or via fax to (501) 661-2337. The designee must also present his or her own acceptable identification in order to receive certificate.

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(full name of eligible individual) (full name of designee)

to receive the record of \_\_\_\_\_ for \_\_\_\_\_  
(birth, death, marriage, or divorce) ("myself" or full name of individual named on certificate)

on my behalf. This authorization is valid only for \_\_\_\_\_.  
(date - MM/DD/YYYY)

X \_\_\_\_\_  
(signature of eligible individual)