Citizenship and Identification

Desk Guide

November 2006

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Introduction

Congress passed a new law. Beginning on July 1, 2006, all people who get Medicaid or people who apply for Medicaid must be able to document that they are U.S. citizens or nationals. Those enrolled in Medicare or receiving Supplemental Security Income (SSI), or "Qualified Aliens," will not be affected by this new law.

This requirement is effective July 1, 2006 for:

- **Applicants:** defined as individual not currently receiving services under state medical assistance programs - including individuals being added to an on-going case

- **Recipients:** defined as individuals receiving services under state medical assistance programs <u>at the time of the annual review</u>

Documentation

If you have an original of the following documents, no additional documentation is needed to fulfill the requirements of the new law**:**

- A U.S. Passport
- A Certificate of Naturalization (DHS Forms N-550 or N-570)
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)

If you do not have any of these items, you will need two documents, one document to show you are a citizen and one document to show who you are (identity).

Step 1 - Citizenship

U.S Born Citizens

Born in South Dakota

1. For those applicant/recipients born in South Dakota, Benefits Specialists should use the new function in ACCESS/SS09 to search SD Vital Statistics for a positive verification. (See Appendix A)

2. If the Benefits Specialist office does not find a match for the birth certificate, the Benefit Specialist must contact the applicant/recipient to verify information used for the search was correct or to ask for other documents that may be used to prove citizenship. (See Appendix B)

Born in Other States

1. Ask the individual to complete the citizenship affidavits (Appendix C) if possible. Not all individuals will be able to fulfill the affidavit requirements, but for those who can this will fulfill the citizenship requirement and will speed up the approval process. Even if the individual completes this step, DSS will still pursue the out of state birth certificate as described in the steps below.

2. Go to P:\DSSForms\EconAsst\Citizenship\State Forms\ to find the application for a birth certificate in state in which the individual was born.

3. Find and complete the application form. **Note: Each state has forms and rules regarding vital statistics. Some may need to be notarized. Some require a copy of a photo ID to be submitted. Be sure to following the applicable rules for that state**.

   Frequently Used Forms
   North Dakota (Need out of wedlock authorization)
   Nebraska
   Minnesota (Must be notarized)
   Iowa (Must be notarized)

4. Send or fax (773-7183) completed application forms to Mina Bonhorst. State office will then compile and submit forms along with payment to the individual states.

5. Documentation will be sent to the Benefits Specialist. The Benefits Specialist should make a copy and document that the original was viewed. The copy should be placed in the permanent section of the file, and the original should be given to the applicant.

6. If state office does not obtain the birth certificate, the Benefits Specialist requesting will receive an e-mail stating such. If the affidavits of citizenship have not been complete, the Benefits Specialist must contact the applicant/recipient for other documents to prove citizenship. (See Appendix B)

Step 2 – Proof of Identity

At the same time that proof of citizenship is being obtained for applicants and recipients at annual review, documentation of identity must be obtained. Original documentation must be viewed, copied and documented but the information does not have to be presented in person.

The following documents are acceptable proof of identification.

Proof of identity – All ages

- A current state driver's license bearing the individual's picture or State identity document also with the individual's picture.
- Certificate of Indian Blood, or other U.S. American Indian/Alaska Native tribal document.
- School identification card that includes photograph of the individual
- U.S. Military Card or draft record
- Identification card issued by the Federal, State, or local government with the same information included on the driver's licenses
- Military dependent's identification card
- Native American Tribal document
- U.S. Coast Guard Merchant Mariner card
- At state option, a cross match with a Federal or State governmental, public assistance, law enforcement or correction agency's data system. NOTE: This includes use of information showing the individual is known other DSS program files (screen shot of person search showing the individual in know to Child Support).

Additional acceptable documents for children who are age 16 or younger

- School identification card that includes photograph of the individual.
- Military dependent's identification card if it contains a photograph.
- Clinic, doctor or hospital record showing date of birth.
- Daycare or nursery school record that includes photograph of the individual.
- Affidavit signed under penalty of perjury by a parent or guardian attesting to the child's identity. (See Appendix D)

If you run into a case where an individual cannot obtain any of the above documents for identity (for example -17 year old with no drivers license or school ID) please review FAQ #14 and see if this solution may work. Please remember it is to only be used as a last resort.

Application Process

1. Application received and reviewed. If required citizenship and id documentation is not received with application, the applicant is sent notice (see sample application notice) that citizenship and id are needed to approve application and applicant should contact the Benefits Specialist within 10 days of the receipt of the notice.

2. If applicant does not respond within 10 days, the Benefits Specialist should try to call the individual and verbally explain the requirement. If the Benefits Specialist gets voice mail, the Benefits Specialist should leave a message asking to respond within 5 days. If no voice mail and no answer, another notice should be sent.

3. If the case had pended 45 days and there has been no response to either of the contacts made in steps 1 & 2, the Benefits Specialist can deny the application.

4. If the applicant responds, but does not provide the required documentation, the Benefits Specialist will need to determine if a "good faith" effort is being made by the applicant. NOTE: If an applicant was born out of state and has provided enough information to complete an out of state birth certificate request, this can be considered "good faith" even if they fail to respond or return the requested affidavits.

5. If it is determined the applicant has made a good faith effort, the steps the applicant has made towards obtaining the documentation should be narrated and the case would remain in pending status.

6. If the Benefits Specialist feels the applicant has not taken appropriate step towards obtaining documentation, the Benefits Specialist should discuss this with his/her supervisor before denying the case the case for this reason.

Review Process

1. If required citizenship and id documentation has not been received, the recipient should be sent a notice explaining the new requirement and stating what is needed to continue to receive benefits. Notice should state that DSS will offer assistance in obtaining required documentation. (see sample review notice) Recipient should contact the Benefits Specialist within 10 days of the receipt of the notice.

2. If the recipient does not respond within 10 days, the Benefits Specialist should try to call the individual and verbally explain the requirement. If the Benefits Specialist gets voice mail, the Benefits Specialist should leave a message asking to respond within 5 days. If no voice mail and no answer, another notice should be sent.

3. If no response after the contacts made in steps 1 & 2, the Benefits Specialist can close the case.

4. If the recipient responds, but does not provide the required documentation, the Benefits Specialist will need to determine if a "good faith" effort is being made by the recipient. The steps the applicant has made towards obtaining the documentation should be narrated. NOTE: If a recipient was born out of state and has provided enough information to complete an out of state birth certificate request, this can be considered "good faith" even if they fail to respond or return the requested affidavits.

5. If it is determined the recipient had made a good faith effort, the review SHOULD NOT be marked as complete until documentation has been received. The case will need to be approved on a monthly basis until all documents are received or until it is determined a good faith effort is no longer being made.

6. If the Benefits Specialist feels the applicant has not taken appropriate step towards obtaining documentation, the Benefits Specialist should discuss this with his/her supervisor before closing the case for this reason.

Appendix A – ACCESS/SS09 Interface with SD Vital Statistics

The Query **(QURY)** function is used to query and obtain data from other State Departments.

This menu can be displayed by typing the following entries on the Select Function panel.

```
       FUNCTION CODE: QURY
     PROCESSING MODE: C
         CASE NUMBER: Optional, has no relationship to
                      function
       BENEFIT MONTH: REQUIRED (this is used to record the
                      Benefit period the Citizenship Code
                      becomes effective
             COMMAND: Blank
```

The Query, **QURY**, interfaces with the following:

- Department of Health – Birth Records

The **QURY** menu is shown below. The data elements that are entered on this panel are described on the following pages. The fields are numbered for easy reference.

```
10/26/06 13:06                ONLINE QUERY MENU             ASNIQA   01

     ENTER PERSON'S RECIPIENT ID:  (1)
                          OR SSN: (2)

COMMAND  DESCRIPTION                                   SUB-COMMANDS
DOHB     DEPT. OF HEALTH - BIRTH RECORDS REQUEST
DOHR     DEPT. OF HEALTH - RESPONSES                   DOHR.B
EXIT     RETURN TO SELECT FUNCTION









SSN:             NAME:
DOB:             MEMB ID:
USER: GR  FNX/MODE: QURY/C                                COMMAND: (3)
```

1. RECIPIENT ID

ACCEPTABLE ENTRIES

000000001 – 999999999

ASSISTANCE PROGRAMS

This field is used by the TANF, MED, and FS Programs.

EDITS

This is an optional field. However, if there is an entry the number must be a valid Recipient ID number.

If the SSN is blank, this becomes a required field.

USE

This field is used to enter the Recipient ID Number of the recipient to be matched with another Departments records.

The following panel will re-input:

```
10/26/06 13:47            MEMBER PANEL  (MEMB.00)         ASNAB01  01

          NAME OF APPLICANT
 ** FIRM ** I ********* LAST ********** MOD

    *** SSN ***       BIRTHDATE  SEX





    ***************************************************************
    **     ENTER 'OK' TO ADD THIS PERSON. 'DEL' WILL CANCEL     **
    ***************************************************************





CASE:           APPL NAME:                          ACW: GR  FSW:
CNTY:   PGMS:                                       PERIOD:
USER:  FNX/MODE:                                    COMMAND:
```

2. SSN

ACCEPTABLE ENTRIES

000000001 – 999999999

ASSISTANCE PROGRAMS

This field is used by the TANF, MED, and FS Programs.

EDITS

This is an optional field. However, if there is an entry the number must be a valid Social Security Number.

If the Recipient ID is blank, this becomes a required field.

USE

This field is used to enter the SSN of the recipient to be matched with another Departments records.

The following panel will re-input:

```
10/26/06 13:47            MEMBER PANEL  (MEMB.00)          ASNAB01  01

          NAME OF APPLICANT
 ** FIRST ** I ********* LAST ********** MOD

    *** SSN ***       BIRTHDATE  SEX





    ***************************************************************
    **     ENTER 'OK' TO ADD THIS PERSON. 'DEL' WILL CANCEL     **
    ***************************************************************





CASE:           APPL NAME:                          ACW: GR  FSW:
CNTY:   PGMS:                                       PERIOD:
USER:  FNX/MODE:                                    COMMAND:
```

3. COMMAND

ACCEPTABLE ENTRIES

DOHB – Dept of Health – Birth Records Request
DOHR – Dept of Health – Responses
EXIT – Return to Select Function
DOHR.B – Dept of Health – Birth Response

ASSISTANCE PROGRAMS

This field is used by the TANF, MED, and FS Programs.

ON-LINE EDIT

Must contain a valid entry.

USE

This field tells ACCESS where the user would like to go next.

Enter **DOHB** to transmit the record for matching with DOH – Birth Records.

Enter **DOHR, DOHB** to view the response record.

The DOH Birth Record Response (**DOHR or DOHR.B)** panel will display a message indicating the result of the match attempt between ACCESS and DOH Birth Records.

The data on the panel is display only.

The data elements on the panel are described on the following pages. The fields are numbered for easy reference.

```
10/26/06 14:51          DOH BIRTH RECORD RESPONSE          ASNIQC   01


                            ACTION REQUIRED

         A MATCH HAS BEEN MADE.  TO UPDATE THE CITIZENSHIP FIELD,
         PLEASE ANSWER YES TO THE QUESTION BELOW.
                             (1)
```

IS CITIZENSHIP VERIFIED? YES OR NO (2)

SSN: **NAME:**
DOB: **MEMB ID:**
USER: **FNX/MODE:** **COMMAND:**

1. ACTION REQUIRED

ACCEPTABLE ENTRIES

This is a display field only

ASSISTANCE PROGRAMS

This field is used by the TANF, MED, and FS Programs.

ON-LINE EDIT

N/A

USE

This field will display a message describing the results of the attempted match between ACCESS and DOH Birth Records.

If no match is found, the following message will display:

> *NO MATCH HAS BEEN FOUND. PLEASE VERIFY BIRTH DATE AND SPELLING NAME. ALSO BE SURE TO INCLUDE ALL ALIASES*

If there is a single match, the following message will display:

> *A MATCH HAS BEEN MADE. TO UPDATE THE CITIZENSHIP FIELD PLEASE ANSWER YES TO THE QUESTION BELOW*

If there is a match, and data on DOH indicates death, the following message will display:

> *A MATCH HAS BEEN MADE AND RECORDS INDICATE THE INDIVIDUAL IS DECEASED. PLEASE VERIFY DATA BEFORE UPDATING CITIZENSHIP PANEL BY ANSWERING QUESTION BELOW*

If there are multiple matches, the following message will display:

> *MORE THAN ONE MATCH HAS BEEN FOUND FOR THIS REQUEST. SYSTEM CAN NOT BE UPDATED. PLEASE USE ALTERNATE METHOD OF CITIZENSHIP VERIFICATION.*

2. VERIFICATION OF CITIZENSHIP

ACCEPTABLE ENTRIES

YES – Verified, update PMI
NO - Unverified, do no update PMI
BLANK

ASSISTANCE PROGRAMS

This field is used by the TANF, MED, and FS Programs.

ON-LINE EDIT

If message displayed indicates the match was successful, the answer must be YES or blank.

If message displayed indicates no match or multiple matches, the answer must be NO or blank.

If message displayed indicates death, a warning edit is re-input if the answer is YES.

USE

This field is used to indicate if the Citizenship Code should be updated on the PMI record.

If the answer is YES, the PMI record is updated, as soon as the case goes through background the code will display on the MEMB panel.

The member panel has been updated to show the type of verification that is used for citizenship and identification. Below are the valid entries.

Note: Both the citizenship and id fields will be updated automatically for those on Medicare or SSI. The citizenship field will be automatically updated when there is a match using the vital statistics interface

62. IDENTIFICATION VERIFICATION

ACCEPTABLE ENTRIES

This is an optional field.
AFF AFFIDAVIT
CIB CRT INDIAN BLOOD
DAY DAYCARE/NURSERY SCHL RECORD
HOS CLINIC/DR/HOSPITAL
INA ID DOC IMMIGRATION/NATIONALITY
MCR MEDICARE
MID MILITARY DEPENDENT ID
SDL STATE DRIVER LICENSE OR STATE ISSUED ID
SDX SDX
SID SCHOOL IDENTIFICATION
SRE SCHOOL RECORD
SYS SYSTEMS MATCH

ASSISTANCE PROGRAMS

This field is used by the MED program.

ON-LINE EDIT

This is an optional field. If the field is completed, this becomes a required field and must be a valid code.

BACKGROUND EDIT

This is an optional field. If the field is completed, this becomes a required field.

USE

This field is used to show the source used to verify identification.

63. CITIZENSHIP VERIFICATION

ACCEPTABLE ENTRIES

ADM ADMIT PAPER NURSING HOME
ADP FINAL ADOPT DECREE
AFF AFFIDAVIT
AIC KICKAPOOS
BAB REPORT OF BIRTH ABROAD
BDS DEPT OF STATE-BIRTH CERT
BRT BIRTH CERTIFICATE
CAB CERT OF BIRTH ABROAD
CID US CITIZEN ID CARD
CIT CERT OF CITIZENSHIP
CNS FEDERAL/STATE CENSUS
CVL CIVIL SERVICE PRIOR 06/76
DOH DOH-VITAL STATS
HOS HOSPITAL RECORD
INS LIFE/HEALTH INSURANCE
MAR NORTH MARIANA ID PRE 11/4/86
MCR MEDICARE
MED MEDICAL RECORD
MIL MILTARY RECORD SHOWING US BIRTH
NAT CERT OF NATURALIZATION
OTH OTHER
PAS PASSPORT
SDN SDX-NOT CITIZEN
SDX SDX-US CITIZEN

ASSISTANCE PROGRAMS

This field is used by the MED program.

ON-LINE EDIT

This is an optional field. If the field is completed, this becomes a required field and must be a valid code.

BACKGROUND EDIT

This is an optional field. If the field is completed, this becomes a required field.

USE

This field is used to show the source used to verify Citizenship.

Citizenship and Identity Desk Guide (updated 7-18-2006)

Note: Recipients who have <u>ever</u> received SSI or Medicare do not need to provide proof of either citizenship or ID.

Evidence of Citizenship and ID (accepted as satisfactory for both requirement)	Evidence of Citizenship	Evidence of Identity
▪ A US Passport ▪ A Certificate of Naturalization (DHS Forms N-550 or N-570) ▪ A Certificate of US Citizenship (DHS Forms N-560 or N-561) ▪ State match with the SDX	▪ A US public birth certificate (this includes a state match with vital statistics.) ▪ A Final Adoption Decree showing the child's name and US place of birth ▪ US Military Record showing a US place of birth ▪ Evidence of US Civil Service employment before June 1, 1976 ▪ A Certification of Report of Birth (DS – 1350) ▪ A Report of Birth Abroad of a US Citizen (Form FS-24) ▪ A Certification of Birth issued by the Department of State (Form FS-545 or DS-1350) ▪ A US Citizen ID Card (issued as Form I-197 until the 1980's by INS) ▪ A Northern Mariana ID Card (I-873) ▪ An American Indian Card (I-872) issued by the Department of Homeland Security with the classification code "KIC." ▪ Extract of hospital record on hospital letterhead established at the time of the person's birth * ▪ Life, health or other insurance record * ▪ Federal or State census record showing US citizenship or a US place of birth ▪ Seneca Indian tribal census record* ▪ BIA tribal census record of the Navajo Indian ▪ US State Vital Statistics official notification of birth registration ▪ An Amended US public birth record that is amended more than 5 years after the person's birth ▪ Statement signed by the physician or midwife in attendance at the time of birth ▪ Institutional admission papers from a nursing facility, skilled care facility or other institution (must show US place of birth) ▪ Medical (clinic, doctor, or hospital) record * Written affidavit	▪ A driver's license issued by a State or Territory either with a photograph or other identifying information such as name, age, sex, race, height, weight, or eye color. ▪ School identification card with a photograph of the individual. ▪ US military card or draft record. ▪ ID card issued by the Federal, State, or local government with the same information included on driver's licenses. ▪ Military dependent's ID card ▪ Native American Tribal document ▪ US Coast Guard Merchant Mariner card ▪ Certificate of Degree of Indian Blood, or other US American Indian/Alaska Native Tribal document with a photograph or other personal identifying information relating to the individual. ▪ At state option, a cross match with a Federal or State governmental, public assistance, law enforcement or correction agency's data system. Special ID Rules for Children ▪ For children under 16, school records may include nursery or daycare records ▪ An affidavit stating the date and place of birth of a child. (Note: This cannot be used if an affidavit for citizenship was provided)
* Record must be created at least 5 years before the initial application and must show US place of birth. Medical records for children under 16 the document must have been created near the time for birth or 5 years before the date of application.		

Appendix C – List of Acceptable Citizenship Documents

- A U.S. birth certificate.
- Final adoption decree
- Written affidavits signed under penalty of perjury by at least two individuals of whom one is not related. (See attached Citizenship Affidavit)
- Evidence of civil service employment by the U.S. government before June 1976,
- An official military record of service showing a U.S. place of birth
- Institutional admission papers from a nursing home, skilled nursing care facility or other institution and was created at least 5 years before the initial application date **and indicates a U.S. place of birth**.
- Medical (clinic, doctor, or hospital) record and was created at least 5 years before the initial application date and **indicates a U.S. place of birth** unless the application is for a child under 5.
- Extract of U.S. hospital record of birth established at the time of the person's birth and was created at least 5 years before the initial application date and **indicates a U.S. place of birth.**
- Life or health or other insurance record **showing a U.S. place of birth** and was created at least 5 years before the initial application date.
- A U.S. Passport.
- A Certificate of Naturalization (DHS Forms N-550 or N-570).
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).
- A Certification of birth issued by the Department of State (Form DS-1350).
- A Report of Birth Abroad of a U.S. Citizen (Form FS-240).
- A Certification of Birth Abroad (FS-545).
- A U.S. Citizen I.D. card (DHS Form I-197).
- Federal or State census record showing U.S. citizenship or a U.S. place of birth.
- An American Indian Card issued by the Department of Homeland Security with the classification code "KIC". (Issued by DHS to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).
- A Northern Mariana Identification Card. (Issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1986.).
- Other document that was created at least five years before the application for Medicaid. These documents are Seneca Indian tribal census record, Bureau of Indian Affairs tribal census records of the Navaho Indians, U.S. State Vital Statistics official notification of birth registration, an amended U.S. public birth record that is amended more than 5 years after the person's birth or a statement signed by the physician or midwife who was in attendance at the time of birth.

Appendix D – Citizenship Affidavits

Two different affidavits must be completed.

Affidavit 1

- Affidavit 1 must be completed by two people who have personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship.
    - At least one of the individuals completing affidavit 1 cannot be related to the applicant/recipient.
    - The applicant/recipient cannot complete affidavit 1.
- Those completing this affidavit must also produce proof of citizenship and identity. In some cases, we may be able to assist those individuals to obtain documentation.
    - If the person signing the affidavit is known to our system AND born in SD, we can use our interface with vital statistics to prove citizenship for that individual.
    - If the person was born in SD, but is not known to our system, please send and e-mail to Mina.Bonhorst@state.sd.us .
    - However, if the person completing this affidavit was not born in SD, we WILL NOT assist the person in obtaining an out of state birth certificate as we will already be pursuing an out of state birth certificate for the applicant/recipient.

Affidavit 2

- The applicant/recipient or other knowledgeable individual (guardian or representative) must complete affidavit 2 explaining why the evidence cannot be obtained.

AFFIDAVIT OF CITIZENSHIP 1

_____

(name of individual whose citizenship is being addressed)

I, _____, (First, last and middle initial of person completing this form) declare under penalty of perjury that:

1. I reside at (street address, city, state, zip code)
   _____
   _____
   and I can be reached at (telephone number)_____. I am over eighteen years of age and was born on (date of birth)_____ in (place of birth) _____.

2. I am a citizen of the United States.

3. I have personal knowledge of the individual referred to in this form. My relationship to the above named individual is as follows (parent, sibling, child, friend, neighbor):
   _____

4. I know the above named is a citizen of the United States because: (This can include, date and location of birth within the boundaries of the United States of America or other information that demonstrates citizenship status.)
   _____
   _____
   _____

5. I understand that as part of completing this affidavit, I must provide proof of citizenship and identification.

I declare under penalty of perjury that the statements in this form are true and correct to the best of my knowledge and belief. **(I understand that there is no guarantee that this form will be accepted as an establishment of citizenship of the above named person.)**

Signed this _____ day of _____, 20____.

_____
Affiant's signature

AFFIDAVIT 2 - DOCUMENTS NOT READILY OBTAINABLE

_____

(name of individual whose citizenship is being addressed)

I, _____, (First, last and middle initial of person completing this form) declare under penalty of perjury that:

1. I reside at (street address, city, state, zip code)
   _____
   _____
   and I can be reached at (telephone number)_____. I am over eighteen years of age and was born on (date of birth)_____ in (place of birth) _____.

2. I am a citizen of the United States.

3. The reason other documents establishing citizenship cannot be obtained is:
   _____
   _____
   _____

I declare under penalty of perjury that the statements in this form are true and correct to the best of my knowledge and belief. **(I understand that there is no guarantee that this form will be accepted as an establishment of citizenship of the above named person.)**

Signed this _____ day of _____, 20____.

_____
Signature of applicant or other knowledgeable individual

Appendix E - AFFIDAVIT OF IDENTITY

Name of Child Age 16 and Younger	Date of Birth	Place of Birth(City, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____ ,(First, last and middle initial of person completing this form) declare under penalty of perjury that:

4. I reside at (street address, city, state, zip code)
   _____
   _____
   and I can be reached at (telephone number)_____.
5. I am the parent or guardian of the child/children named in this form.

I declare under penalty of perjury that the statements in this form are true. **(I understand that there is no guarantee that this form will be accepted as proof of identity of the above named child.)**

Signed this _____ day of _____, 20____.

_____
Signature of parent or guardian

Appendix F - Frequently Asked Questions

Affidavits

Medical Records

Identity

Miscellaneous

Affidavits

1. **When is it appropriate to use an affidavit for ID? For Citizenship?**

   Affidavits in both instances should be used as the last means of obtaining the information. Also note affidavits for ID are used only for those age 16 and under.

2. **If we use affidavits, do they need to be notarized?**

   No, the affidavits do not need to be notarized.

3. **Who can sign an affidavit?**

   Citizenship affidavit 1 must be completed by two people who have personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship. At least one of the persons signing affidavit one cannot be related to the applicant/recipient.

   Citizenship affidavit 2 must be completed by the applicant/recipient or other knowledgeable individual (guardian or representative) who can explain why the evidence cannot be obtained.

   The identity affidavit for those age 16 and under must be completed by the parent or guardian.

4. **Can affidavits be mailed to the client, completed, signed and returned by mail?**

   Yes.

5. **Can a parent who is not a US citizen sign the affidavit of identity for their child?**

   Yes, we have updated the affidavit to remove that statement.

Medical Records

6. **If we are requesting Medical (clinic, doctor or hospital) records as documentation for citizenship or identity, do we have to see the original?**

   Viewing the original is preferable, but a copy on official letterhead would be acceptable.

7. **In the list of documentation it mentions records created at least 5 years before the initial application date. Define initial application date.**

   Initial application date is the application date of current ongoing case. So these may go back several years.

8. **Will we need HIPPA releases signed?**

   In most cases you will not need to worry about this. If we need to go to medical records to obtain the documentation, we expect the individual to do this. It is the individual's responsibility to provide the documentation. We are just directed to assist.

9. **How are medical providers going to react to the increased requests for documentation?**

   Again, we do not anticipate this method of obtaining citizenship information will be widely used in SD. If we are proven wrong, we will certainly work with these providers to help identify best practices.

10. **How does the 5 years prior to the date of application work? Is the intent to get some proof of citizenship that existed at least 5 years ago - like the birth certificate, which you can't use for a child under age 5? Would medical records ever work for citizenship of a child under 5?**

    You can use birth certificates for children under age 5. Medical records could also be used for children under age five, but they must have been created near the time of birth.

11. **How will clients pay a fee if the doctor or hospital charges one for an original document or statement on letterhead?**

    If clients need assistance in obtaining documentation (including financial help) the state will assist. If you have a case where someone is asking for a fee, you can submit the request to state office.

12. **Would shot records from the Dept of Health work for i.d.?**

    Yes, but only because the immunization record is coming from another governmental agency. Shot records from clinics should not be accepted.

13. **Can a med record can be used for both citizenship and id/**

    The only documents that can be use for both citizenship and ID are:
    US Passport
    Certificate of Naturalization (N-550 or N-570) issued by Homeland Security
    Certificate of Citizenship (N-560 or N-561) Issued by Homeland Security

Identification

14. **What do we do for those age 17 and older who has no proof of identity?**

    Answer: For those who fall through the cracks and do not have proof of identity, direct them to the local drivers licensing examiner to get a photo id. The applicant or recipient must provide the examiner with a certified copy of their birth certificate as well as one other form of id. Some of the other forms include: prior Medicaid card, school records or transcripts, or social security card. The following website contains a complete list of documents that could be used. http://www.state.sd.us/dps/dl/primary.pdf

    If the recipient is directed to driver's licensing, the Benefits Specialist should send an e-mail to Jane.Schrank@state.sd.us and let her know the name of the applicant/recipient and the location to which they will be going. Jane will let the examiners know that the costs for these ids should be direct billed to DSS.

    If the applicant/recipient does not have a certified copy of his birth certificate, please direct them to the County Register of Deeds Office to obtain one. Please contact the Register of Deeds office to let them know the name of the specific recipient who will be coming and have them send the bill for this birth certificate to:

    DSS
    EA - Office of Medical Eligibility
    700 Governors Drive
    Pierre SD 57501

    This is a last resort!

15. **When a Medicaid child turns one and we have the b/c in the file and we've paid medical bills for the child during the prior year, is proof of id still needed?**

    Yes. In a case like this the identification affidavit would be an appropriate form of ID.

16. **Citizenship for SSI recipients will be verified through data on the SDX file. Apparently SSDI clients won't have that advantage? The SVES and BNDX will show the date of birth the same as the SDX file.**

    In the SDX there is an Alien Indicator Code that houses information on the individual's citizenship. Bendex and SVES do not currently house this information and therefore cannot be used.

17. **Could enumeration of the SSN be proof of identity, since the name, SSN and DOB match another agency (SSA)?**

    Right now we have no guidance that states we could use that.

18. **Could the Paternity Affidavit work for either citizenship, identity, or both, since it lists place and date of birth?**

    It is not on our list of acceptable document for either

19. **Does the citizenship/identity rule apply for application received prior to July 1?**

    Yes, if the determination was/is made on or after July 1, the documentation must be provided.

20. **Would a picture in a school yearbook work for identity if the client brought the yearbook in for viewing?**

    No, this is not on the list of acceptable documents.

21. **If a school picture i.d. works for children would a work i.d. like DSS employee's have, or a prison photo i.d. be acceptable proof of i.d.?**

    If an ID is issued by federal, state, or local government it would work.

22. **Food Stamps already has a copy of the driver's license on file. Can we use this copy for identification purposes?**

    Yes, the copy in the file is adequate.

Miscellaneous

23. Does the worker have to be the one that makes the copy of the certified copy of the B/C? Could the receptionists? The client? How clear must the seal or embossed certified copy be?

The receptionists can certainly make the copies. The client? No, the client can not bring in a copy. How clear must the seal be? Staff viewing the document must be satisfied that it is a certified copy.

24. Is a mother who applied for Medical for her children (not herself) considered an "applicant?"

Only those who are actually applying for medical are considered applicants. So in this case the mother would not have to prove citizenship and identity for herself, but she would need to provide documents for her children.

25. The memo states "original documentation must be viewed…" Does this mean an applicant for medical can bring in his driver' license and the secretary could view it and make a copy with a notation that it was viewed, date and secretary's name.

Yes.

26. What happened to the law where fees for birth certificates necessary for welfare purposes were waived?

These are on the books, but they pertain to birth certificates obtained for school purposes.

27. On appendix A it lists birth certificate but doesn't say it has to be certified but yet that's what we were told and in the frequently asked questions it says we can use a copy of a birth certificate as long as the copies on file were certified. (just wanted to point that out.)

We did not specify certified copy of birth certificate on Appendix A as we are also using electronic matching with vital statistics birth records. If staff are verifying via "hard copy", the copy they view must be a certified copy.

28. What about SSI? Do we have to gather documents for these recipients?

No. The majority of these cases will be verified using data on the SDX file.

29. Can we use the copies of the birth certificates already on file to verify citizenship?

If the actual <u>certified</u> documents are on, you can certainly use them as verification of citizenship. If what is on file is a copy of the original or certified document, you must verify. Please remember if the birth certificate is from SD, do not ask the recipient to produce the document. We should get verification via vital statistics.

30. **Are the citizenship and identity requirements for all household members or just those who are requesting medical assistance?**

    These new requirements are for applicants/recipients of medical assistance.

31. **When we e-mail Mina to search for birth records do we use ACCESS e-mail or Outlook?**

    Use Outlook.

32. **How do we handle the review for an ongoing Medical case when they apply for FS or TANF? In the past we have done a medical review at this time in order to synchronize all programs for the next review. Can we continue with this practice?**

    Yes, you can continue to do this as long as you obtain the citizenship and identification documentation as part of the practice.

DSS
Strong Families - South Dakota's Foundation and Our Future

DEPARTMENT OF SOCIALSERVICES

PHONE:
FAX:

NOTICE OF NEW CHIP/MEDICAID REQUIREMENTS

Beginning July 1, 2006, all who claim to be U. S. citizens are required to provide proof of citizenship and identity in order to qualify for CHIP/Medicaid. These are two separate requirements that apply to all persons in a household who are applying/receiving medical assistance.

The new requirements do not affect aliens who claim to be in a satisfactory immigration status. Qualified aliens must still present documents to support the claim.

Citizenship

Please provide your Benefits Specialist with an original or a certified copy of the birth certificate. If it is not readily available, please provide your Benefits Specialist the following information for all persons requesting assistance.

Name on Birth Certificate	SSN	Date of Birth	Place of Birth (City and State)

Identity

Please provide proof of identification. Following is a partial list of acceptable documents:

- A current drivers license
- School ID including photograph
- For children under 16, a completed copy of the attached affidavit

All documents presented must be originals or a copy certified by the issuing agency. Documents presented for this purpose will be returned once they are viewed by Medical Assistance staff and a copy is made for our files.

If this documentation is not readily available to you, please contact your local Social Services Office for assistance in obtaining the necessary documents. If the necessary documents are readily available, please present upon application.

_____ _____

Name of Adult Making Application or Case Name Name of Benefits Specialist (Open Cases)

DSS
Strong Families - South Dakota's Foundation and Our Future

DEPARTMENT OF SOCIAL SERVICES

PHONE:
FAX:

July 12, 2007~~December 11, 2006~~~~November 7, 2006~~

Dear

Notice of Medicaid Requirements

Beginning July 1, 2006, all who claim to be U. S. citizens are required to provide proof of citizenship and identity in order to qualify for Medicaid. These are two separate requirements that apply to all persons in a household who are applying for medical assistance.

I recently received your application for Medicaid in my office but did not receive proof of Citizenship and/or Identity. I cannot further process your application until I receive the following:

- ☐ Citizenship Verification
- ☐ Identity Verification

I have enclosed the verification forms needed with a self addressed stamped envelope for you to return to my office. All documents must be originals or a copy certified by the issuing agency. Documents presented for this purpose will be returned once they are viewed by Medical Assistance staff and a copy is made for our files. Please contact me at the above number, if you are having problems obtaining or questions about the verifications needed.

Please provide the above to me to no later than . I need the above verifications before Medicaid Eligibility can be determined.

Sincerely,

Economic Assistance Benefits Specialist

Enc: Verification form
SASE

DSS
Strong Families - South Dakota's Foundation and Our Future

DEPARTMENT OF SOCIAL SERVICES

PHONE:
FAX:

July 12, 2007~~December 11, 2006~~~~November 7, 2006~~

Dear

Notice of Medicaid Requirements

Beginning July 1, 2006, all who claim to be U. S. citizens are required to provide proof of citizenship and identity in order to qualify for Medicaid. These are two separate requirements that apply to all persons in a household who are applying for medical assistance.

I recently received your review for Medicaid in my office but did not receive proof of Citizenship and/or Identity. I cannot further process your medical review until I receive the following:

- ☐ Citizenship Verification
- ☐ Identity Verification

I have enclosed the verification forms needed with a self addressed stamped envelope for you to return to my office. All documents must be originals or a copy certified by the issuing agency. Documents presented for this purpose will be returned once they are viewed by Medical Assistance staff and a copy is made for our files. Please contact me at the above number, if you are having problems obtaining or questions about the verifications needed.

Please provide the above to me to no later than . I need the above verifications before Medicaid Eligibility can be re-determined.

Sincerely,

Economic Assistance Benefits Specialist

Enc: Verification form
SASE

INSTRUCTIONS FOR OBTAINING A BIRTH CERTIFICATE

The Division of Vital Records can issue copies of birth certificates only for births that occurred in North Dakota. We have records on file starting with 1870 to the present.

Birth certificates relating to an out of wedlock birth can be furnished only to the parent of the child, the child's guardian, to the person to whom the record relates if that person is at least 18 years old, or upon order of a court of competent jurisdiction.

The fee for a search of the files is $7; one search fee pays for one certified copy. Additional copies of the same record issued at the same time are $4 each. Please make your check or money order payable to North Dakota Department of Health. We will issue a certified raised-seal paper copy for each copy requested.

Once received in our office, copies are usually mailed in 5 to 7 business days **(this does not include the mailing time).** Copies to be sent by Federal Express or UPS are processed the same day, provided the request is in our office by 10:00 a.m. Central Time.

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through **Federal Express** for an **additional $16.00** (add $6 for delivery to Alaska or Hawaii) or **UPS** for an **additional $16.**

This form may be completed and mailed with fees to:

Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

If you prefer, you may complete this form and fax it with your **Visa, Master Card,** or **Discover** credit card number and expiration date to (701) 328-1850.

Our web page is at: vitalnd.com

Our email address is: vitalrec@state.nd.us

REQUEST FOR BIRTH CERTIFICATE
NORTH DAKOTA DEPARTMENT OF HEALTH
(08/01/04)

****PLEASE PRINT****

INFORMATION REQUIRED TO LOCATE AND IDENTIFY THE RECORD REQUESTED

Name at Birth	
Date of Birth	Place of Birth
Father's Name	
Mother's **Maiden** Name	
Your relationship to person in first line	Number of Copies Requested

REQUESTER

Signature of Requester	
Printed Name	
Address	
City, State & Zip Code	Daytime Phone Number (**Required**)

MAILING INFORMATION IF COPY TO BE SENT ELSEWHERE

Name	
Address	
City, State & Zip Code	Daytime Phone Number (**Required**)

SHIPPING INSTRUCTIONS

First Class	☐	**FedEx or UPS account numbers are NOT ACCEPTED**
FedEx ($16; add $6 for AK or HI)	☐	
UPS ($16)	☐	
Waive signature for FedEx or UPS Delivery	☐	

CREDIT CARD INFORMATION

Card Type		**Card Number**	**Fees for copies:**
VISA	☐		**$7 for one copy; $4 for each additional copy of the same record ordered at the same time.**
MASTER CARD	☐	**Expiration Date**	
DISCOVER	☐		

If you are mailing your request, please send it to: Division of Vital Records, 600 E. Boulevard Ave., Dept. 301 Bismarck, ND 58505-0200. If you are faxing your request, please dial (701) 328-1850.

NORTH DAKOTA
DEPARTMENT of HEALTH

DIVISION OF VITAL RECORDS
600 East Boulevard Avenue, Dept. 301
Bismarck, N.D. 58505-0200
www.ndhealth.gov

MEMORANDUM

TO: Agencies requesting certified copies of birth certificates

FROM: Darin J. Meschke, Director, Division of Vital Records

RE: Change in Law/Policy

On August 1, 1993 the following law became effective: ND Century Code Chapter 23-02.1-27... Information relating to the birth or fetal death of a child to a woman who was not married to the child's father when the child was conceived or born may be disclosed only to the child's guardian, to the person to whom the record relates if that person is at least eighteen years old, to the parent of the child, or upon order of a court of competent jurisdiction.

Due to this change, we are unable to furnish the copy requested. Please obtain the written authorization from the individual (if they are 18 years of age), the parent or legal guardian. Below is an authorization form you may use.

I am the individual, parent of the individual, guardian of the individual listed in the attached
(CIRCLE ONE)
request. I hereby grant authorization to the Division of Vital Records to issue a copy of this birth certificate to__
_____.
(name of agency)

Name:_____

Signature:_____

Address:_____

_____

Date:_____

If you have any questions concerning the above, please feel free to call me at (701) 328-2494.

Phone: 701.328.2360 Fax: 701.328.1850

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

This office has been registering births for persons born in Nebraska since 1904.

PLEASE TYPE OR PRINT LEGIBLY

Full name at birth_____
(If adopted, list adoptive name)

Month, day and year of birth_____

City or town of birth_____ County of birth _____

Father's full name _____
(If adopted, list adoptive father's name)

Mother's full maiden name _____
(If adopted, list adoptive mother's name)

Is this the record of an adopted person? ❑ Yes ❑ No

For what purpose is this record to be used?_____

If this is not your record, how are you related to the persons listed on the record?_____

Delayed Birth Certificate - Legislation passed in 1941 provides for the filing of delayed birth certificates for persons who were born prior to 1904 OR for persons whose births were not recorded at the time of birth.

Is this a delayed birth certificate? ❑ Yes ❑ No

WARNING: Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE_____

Type or print name_____

Street Address_____

City, State, Zip_____

Telephone Number: _____

Today's Date_____
(Please enclose a *photocopy* of your photo ID [i.e. driver's license] when mailing this request in.)
(Please make checks payable to Vital Records)

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies _____ x $8.00 each = $_____ Total

Mail to:
Vital Records
PO Box 95065
Lincoln, NE 68509-5065
(Please enclose a stamped, self-addressed business size envelope.)

Bring to:
Vital Records
1033 O Street, Suite 130
Lincoln, NE 68508-3621

FOR OFFICE USE ONLY

❑ Check ❑ MO ❑ Cash

Amount Received_____

Date Received_____

By Whom Received_____

PROOF OF IDENTIFICATION:

_____

Rev. 12-2005

MINNESOTA MDH DEPARTMENT OF HEALTH

MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.

BIRTH RECORD					
SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD	
BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and COUNTY OF BIRTH	
MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME	
FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME	

- ❑ ___ **$16.00 First certified record**
- ❑ ___ **$ 9.00 Each additional copy of the same record issued at the same time**

1. I am the:
   - ❑ subject
   - ❑ child of the subject
   - ❑ spouse of subject
   - ❑ parent of subject
   - ❑ grandparent of the subject
   - ❑ grandchild of the subject
2. ❑ I am the party responsible for filing the birth record.
3. ❑ I am the legal custodian, guardian or conservator of the subject. **(Must present legal documentation)**
4. ❑ I am a personal representative and the certified copy is required for the administration of the estate.
5. ❑ I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6. ❑ I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar)**
7. ❑ I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
8. ❑ I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
9. ❑ I am an attorney and my attorney license number is _____.
10. ❑ I am presenting your office with a court order issued by a court of competent jurisdiction.
11. ❑ I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application)**

APPLICANT				
APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME		DATE OF BIRTH
STREET ADDRESS (No Post Office Box Numbers Without a Street Address Please)				
CITY	STATE	ZIP	PHONE NUMBER	

PENALTIES: Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes section 144.227).

INFORMATION REQUIRED: The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature: Today's Date:

Signature must be notarized if applying by mail or fax.	*For Administrative Use Only*
Signed or attested before me on (date): SEAL	ID Viewed:
Signature of Notary Public:	
My commission expires (date):	Initials:

MDH (REV) 08/01/2005

To Request a Search for an Iowa Birth, Death or Marriage Record for the Purpose of Obtaining a Certified Copy

In Iowa, official registration of births, deaths, and marriages began July 1, 1880. Original records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Statewide record searches are available from the state registrar. Local vital records registrars are located in county recorders' offices, where records of births and deaths that have occurred in that county are maintained. Marriage records are maintained in the county where the license to marry was obtained. ***County registrars are not authorized by law to have records of single-parent births prior to July 1, 1995; adoptions; delayed registrations; legal changes of name; fetal deaths (stillborns); any record ordered sealed by a court of law; or birth, death, and marriages between the years 1921 to 1941.*** Per Iowa law, information about a specific record is not available over the telephone or by prepared lists. Iowa law provides for public viewing in the county where the record is maintained, or certified copies issued to entitled persons.

Applications to search for a vital record event for the purpose of obtaining a certified copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or representation. Applicants must be 18 or older. Requests must include the applicant's current government-issued photo identification, except if by mail, a clear photocopy of the I.D., and the applicant's signature signed in front of a notary public or in the presence of an Iowa Registrar of Vital Records.

PAYMENT: A non-refundable $15 fee is required to search for a record and includes one certified copy if the record is located. Each additional copy of the same record is $15. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be drawn from the applicants' account; money orders must be in the name of the applicant. Fees must be paid at the time of the application (Iowa Constitution, Article VII, Section 1).

STATE CERTIFIED COPIES.

Certified copies of birth, death, or marriage certificates may be obtained from the state Bureau of Health Statistics by telephone, in-person, or through a postal service. Fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. In-person requests may also be paid in cash. Genealogy requests take at least 60 days.

Telephone: For general information, or to order a certified copy by telephone using a credit card, call 515-281-4944 from 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays. An additional $5.50 fee is charged for the expedited process of credit card usage. Turnaround time is usually 10 to 14 days, depending on seasonal demands and mail service. ***Genealogy requests are not available through the credit card line.***

In-person: Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 5:00 p.m., Monday through Friday, except for state-observed holidays, at the address below, just inside the north lobby entrance and to the right. The Lucas building is just east of the state Capitol and south of Grand Avenue. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Copies may either be picked up after two working days or mailed to an entitled person. Genealogy requests take at least 60 days.

Postal service: Written requests and fees are mailed to the address below. Requests must state the relationship to the person named on the record and the purpose for the copy. Filled requests take 30-45 days, depending on seasonal demands and mail service. Genealogy requests take least 60 days. ***The request must be signed in front of a notary public and include a clear photocopy of the applicant's current government-issued photo identification.***

Iowa Department of Public Health
Bureau of Health Statistics
Lucas State Office Building, 1st Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075

SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR EITHER A COUNTY-CERTIFIED OR A STATE-CERTIFIED COPY OF AN IOWA VITAL RECORD

APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

REQUESTS REQUIRE THE APPLICANT'S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION AND SIGNATURE SIGNED IN FRONT OF A NOTARY PUBLIC OR IN THE PRESENCE OF AN IOWA REGISTRAR OF VITAL RECORDS.

- **This application is for a SEARCH for an Iowa birth, death or marriage record. Fees are due upon application.**
- **If requesting a certified copy of a birth record, complete all items except 2(A).**
- **If requesting a certified copy of a death record, complete all items except 2(A) and 7.**
- **If requesting a certified copy of a marriage record, complete all items, including 2(A).**
- **If requesting by mail, the I.D. must be a clear photocopy and the signature notarized.**

1. **TYPE OF RECORD REQUESTING** (Check one) ☐ BIRTH ☐ DEATH ☐ MARRIAGE
2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** _____ FIRST MIDDLE, if any SURNAME (Last)

   2a. If for Marriage record, SPOUSE'S NAME _____ FIRST MIDDLE, if any SURNAME (Last)
3. **DATE OF EVENT** (Birth, Death, or Marriage) – BE SPECIFIC – Month/Day/Year _____
4. **PLACE OF EVENT** (City and/or County) _____
5. **MOTHER'S FULL MAIDEN NAME** – FIRST/MIDDLE, if any/MAIDEN SURNAME (Last) _____
6. **FATHER'S FULL NAME** – FIRST/MIDDLE, if any/SURNAME (Last) _____
7. **(Birth Only)** WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH? ☐ Yes ☐ No ☐ Unknown
8. **LEGAL ACTIONS TO RECORD** ☐ None ☐ Adoption ☐ Paternity Establishment ☐ Legal Change of Name on Birth Certificate

   8a. IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME (on birth certificate) _____ Marriage does NOT change the birth certificate.
9. **PURPOSE FOR COPY** _____ 10. **BIRTHDATE of APPLICANT/RECIPIENT** _____
11. **RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD** _____
12. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY:** (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)

    12a. Name of Applicant/Recipient _____

    12b. Street address and P.O. Box (if any) _____

    12c. City, State and Zip Code _____
13. **THE SEARCH RESULT IS TO BE** (Check one) ☐ Mailed ☐ Picked up (for in-person requests only)
14. **THE NON-REFUNDABLE FEE TO SEARCH IS $15.00** and one certified copy is issued if the record is located. Each additional copy of the same record is $15.00. Indicate the number of copies of this record you need. _____
15. **THIS SEARCH PAID BY** (Check one) ☐ Check ☐ Money Order ☐ Cash (in-person only) 16. **AMOUNT ENCLOSED** _____

    Checks must be drawn from the applicants' account; money orders must be in the name of the applicant. Fee payment must accompany this form.
17. **APPLICANT'S NAME** (Print clearly) _____ 18. **DAYTIME PHONE #** _____ (include area code)

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

19. **APPLICANT'S SIGNATURE** _____ 20. **DATE** _____

Signature must be notarized if applying by mail

(SEAL)

State of _____ County of _____ ss

Signed and affirmed in my presence on this _____ day of _____, _____.

_____, My commission expires: _____
Notary Public Signature

Administrative Use Only

I.D. _____

Initials _____

SEE OTHER SIDE FOR INSTRUCTIONS