

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

Application for Refund of Fees Paid

Applicant's Information			
Date	Applicant's First Name	Applicant's Last Name	
Applicant's Mailing Address (Number & Street)			
City	State	ZIP Code	Applicant's Telephone Number
Refund Information			
Refund Amount Due:		Receipt/Transaction #:	
Type of Request: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Death Certificate <input type="checkbox"/> Search/Verification <input type="checkbox"/> Fetal Death Certificate <input type="checkbox"/> Correction <input type="checkbox"/> Paternity <input type="checkbox"/> Adoption			
Name on Requested Certificate		Number of Certificates Originally Requested	
Reason for Request:			

I, the undersigned, do hereby swear that the information furnished in this application is true and accurate.

Applicant's Signature

Date Signed

Do Not Write Below – For Health Division Use Only						
Date	Receipt #	Type	Fees Fund 406 3190 3605	Children's Trust 409 3201 3890	Death Review 409, 3251, 3601	Coroner's Fund 406 3190 3601Cor

Vital Records Approval to Refund: _____

Revised 01/05/2023