

**ARKANSAS DEPARTMENT OF HEALTH
VITAL RECORDS**

REQUEST FOR VETERAN'S FREE COPY OF BIRTH OR DEATH CERTIFICATE

Name of Veteran	Type of certificate requested Birth <input type="checkbox"/> Death <input type="checkbox"/>
<p>In accordance with Arkansas Law 20-18-306 (a) 2 A, I request a free copy of the certificate checked above. As required by the cited law, the free copy will be provided to the Veteran's Administration to determine eligibility for benefits. With my signature, I certify that, to the best of my knowledge, the Arkansas Department of Health has not previously provided a veteran's free copy of the requested certificate.</p>	
<p>THIS FORM MUST BE SIGNED BY <u>ONE</u> OF THE FOLLOWING PERSONS.</p>	
Veteran	Date
Veteran's Beneficiary	Date
Veteran's Authorized Representative (A funeral director may sign as authorized representative for family members.)	Date
<p>A completed birth or death certificate application must accompany this form.</p>	