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)