

| <b>Witness Information (Please Print)</b>                      |                        |                           |                     |
|--|------------------------|---------------------------|---------------------|
| First Name   | Middle Name or Initial | Last Name                 |                     |
|  |                        |                           |                     |
| Street Address   |                        |                           |                     |
|  |                        |                           |                     |
| City   | State                  | Zip code                  |                     |
|  |                        |                           |                     |
| Ten Digit Phone Number   | Date of Birth          | Relationship to Applicant |                     |
|  |                        |                           |                     |
| <b>Applicant Information (Please Print)</b>                    |                        |                           |                     |
| First Name   | Middle Name or Initial | Last Name                 | Date of Birth       |
|  |                        |                           |                     |
| <b>Name on the Birth/Death Record Requested (Please Print)</b> |                        |                           |                     |
| First Name   | Middle Name            | Last Name                 | Date of Birth/Death |
|  |                        |                           |                     |