



PUBLIC HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
VITAL RECORDS COMMISSIONS

FOR
COUNTY REGISTRAR AND DEPUTY REGISTRAR

County: _____

Official Entity name: _____

Name: _____
(First) (Last)

Title: (Mark one) Registrar _____
Deputy Registrar _____
Lead Deputy Registrar _____

Direct Business Telephone #: _____ Ext. _____ Fax#: _____

E-Mail Address: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip code: _____

I have read and understand the duties attached:

Printed name Signature Date

County Registrar's approval for Lead Deputy Registrars and Deputy Registrars

Printed name of County Registrar Signature Date

STATE VITAL RECORDS USE ONLY

Approved by State Registrar on: _____
Date Jennifer A. Woodward, State Registrar

Commission expires on: _____