



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: _____