

Montana Office of Vital Statistics

STATEMENT TO IDENTIFY

CERTIFIED BIRTH OR DEATH CERTIFICATE APPLICANT

To obtain a certified copy of a birth or death certificate when no official identifying documents are available, this statement must be completed by a witness that has known the applicant for at least two years.

<p>Witness Information – Please Print (this is the person acting as witness to the identity of the applicant)</p> <p>Witness name :</p> <p>First _____ Middle _____ Last _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>10 digit Phone Number (____) ____ - ____ - ____ Date of Birth: Month ____ Day ____ Year ____</p> <p>Relationship to Applicant: _____</p>
<p>Applicant Information – Please Print (this is the person applying for the birth/death certificate and who you are witnessing the identity of)</p> <p>Applicant name:</p> <p>First _____ Middle _____ Last _____</p>
<p>Name on the Birth/Death Record Requested – Please Print</p> <p>First _____ Middle _____ Last _____</p>

→ I have known the applicant named under “Applicant Information” for _____ **years** and solemnly swear or affirm that he/she is the person presenting the application for a certified birth/death certificate for the person named under “Name on Birth/Death Record Requested”.

Sign in the presence of the issuance clerk and present an acceptable document of identity. If the witness cannot accompany the applicant to the State Office of Vital Statistics or the Clerk and Recorder Office, or **if applying by mail, the signature of the witness must be notarized.**

Signature: _____	Date: _____
Subscribed and sworn to before me this _____ day	
Of _____, 20_____	(SEAL)
Signature _____	
Notary Public in and for the State of _____	
Residing at _____ My Commission expires _____	