

**Tennessee Department of Children's Services** 

## Request for Tennessee Certification/Verification of Birth, Death, Marriage or Divorce

year-old wborn in vere abus ner:	about to a need of Te e	ge out of c ennCare be	enefits		oning to EF	CS						
or's Name	2					Title					Date	
For TN Records Requests				Please Return Records to								
E-mail vragencysupport@tdhs.zendesk.com				TN Dept. of Children's Services								
Call 615-442-7744 for questions				Requestor's Name								
				Addres	ss 1							
				Addres	ss 2 (if applic	able)						
				City, State & Zip code								
				Fax Number								
This agency needs					Case N	Name a	ınd Numb	per				
death veri				fication County								
marriage o				certificate FSW's Signature								
divorce ve			e verific	ification FSW's Telephone Number								
		INITOD	MATIO	NI DEGLI	IDED FOR CE	ADCH	DIDTU	DEATL	1			
		INFOR	WATIO	N KEQU	IKED FOR 3E	АКСП.	DIKIT-	DEAIR				
Full Name						Sex R		Race				
	First		Middle		Last							
	Dirth						Data of	ТП	7ir+b			
	Birth						Date of		Birth			
	Death	h certificat	e of	and a	a copy, if av				Death	knowle	edgment	of
ting copy ty	Death	h certificat	e of	and a	a copy, if av				Death	knowle	edgment	of
ting copy ty Birth Ce	Death of the birt	<b>h certificat</b> mber	e of	and	a copy, if av				Death	knowle	edgment	of
ting copy ty Birth Ce	Death  of the birt	<b>h certificat</b> mber	e of		a copy, if av		e, of the V		Death	knowle		of ast(Maiden)
ting copy ty Birth Ce Mother's	Death  of the birt	<b>h certificat</b> mber			a copy, if av	ailable	e, of the V		Death	knowle		
	year-old wborn in vere abus ner: will be priori cor's Name Records R ysupport( -442-7744	year-old about to a wborn in need of To yere abuse ner: will be prioritized by Vital Records Requests  ysupport@tdhs.zendo-442-7744 for question ency needs	wborn in need of TennCare between abuse ner: will be prioritized by Vital Records in the or cor's Name  Records Requests  ysupport@tdhs.zendesk.com -442-7744 for questions  ency needs   birth comparing the prioritized by Vital Records in the or cor's Name  Interval   birth comparing the prioritized by Vital Records in the or cor's Name    cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth comparing the prioritized by Vital Records in the or cor's Name   birth cor's Name   birth comparing t	year-old about to age out of care or wborn in need of TennCare benefits were abuse her: will be prioritized by Vital Records in the order listed for's Name  Records Requests  ysupport@tdhs.zendesk.com -442-7744 for questions  ency needs	year-old about to age out of care or transitive whorn in need of TennCare benefits whorn in need of TennCare benefits who in need of TennCare benefits who in need of TennCare benefits who is not in the order listed above)  Tor's Name  Records Requests  Records Requests  TN Delegate and the order listed above are and the order listed above are are and the order listed above and the order listed above are are are are are are are are are ar	year-old about to age out of care or transitioning to EF wborn in need of TennCare benefits vere abuse ner: will be prioritized by Vital Records in the order listed above)  Records Requests Please Return Records TN Dept. of Children  -442-7744 for questions Requestor's Name Address 1 Address 1 Address 2 (if application City, State & Zip contains a City, State & Zip contains a City, State & Zip contains a City of Countains and Counta	year-old about to age out of care or transitioning to EFCS wborn in need of TennCare benefits were abuse ner: will be prioritized by Vital Records in the order listed above)  Title  Records Requests Please Return Records to TN Dept. of Children's Ser  ysupport@tdhs.zendesk.com  Address 1 Address 1 Address 2 (if applicable) City, State & Zip code Fax Number  And Dept. of Children's Ser  Address 1 Address 2 (if applicable) City, State & Zip code Fax Number  And Dept. of Children's Ser  Address 1 Address 1 Address 2 Address 2 Address 2 Address 3 Address 3 Address 3 Address 4 Address 5 Address 5 Address 6 Address 7 Address 7 Address 8 Address 8 Address 8 Address 9 Address	year-old about to age out of care or transitioning to EFCS wborn in need of TennCare benefits vere abuse ner: will be prioritized by Vital Records in the order listed above)  Title  Records Requests Please Return Records to TN Dept. of Children's Services  Ysupport@tdhs.zendesk.com  Address 1 Address 1 Address 2 (if applicable) City, State & Zip code Fax Number  City, State & Zip code Fax Number  Case Name and Number  Incy needs Dirth certificate Case Name and Number  Incy needs Dirth certificate Case Name and Number  Information Required FSW's Signature Divorce verification TN Dept. of Children's Services  To Dept. of Children's Services  TN Dept. of Children's Services  To Dept. of	year-old about to age out of care or transitioning to EFCS wborn in need of TennCare benefits vere abuse her: will be prioritized by Vital Records in the order listed above)  Title  Records Requests Please Return Records to TN Dept. of Children's Services  TN Dept. of Children's Services  Address 1 Address 1 Address 2 (if applicable) City, State & Zip code Fax Number  The death verification Gounty marriage certificate Gase Name and Number  INFORMATION REQUIRED FOR SEARCH: BIRTH - DEATH The Sex	year-old about to age out of care or transitioning to EFCS wborn in need of TennCare benefits were abuse her: will be prioritized by Vital Records in the order listed above)  Title  Records Requests Please Return Records to TN Dept. of Children's Services  ysupport@tdhs.zendesk.com Address 1 Address 1 Address 2 (if applicable) City, State & Zip code Fax Number  The death verificate Case Name and Number  Incy needs Dirth certificate Advises FSW's Signature Advises FSW's Telephone Number  INFORMATION REQUIRED FOR SEARCH: BIRTH - DEATH  The Sex Race	year-old about to age out of care or transitioning to EFCS wborn in need of TennCare benefits were abuse ner: will be prioritized by Vital Records in the order listed above)  Title  Records Requests  Please Return Records to TN Dept. of Children's Services  ysupport@tdhs.zendesk.com  Address 1  Address 1  Address 2 (if applicable)  City, State & Zip code Fax Number  City, State & Zip code Fax Number  Inspect of Children's Services  Please Return Records to TN Dept. of Children's Services  TN Dept. of Children's Services  Ysupport@tdhs.zendesk.com  Address 1  Address 2  City, State & Zip code Fax Number  Inspect of County  Inspect of Children's Services  TN Dept. of Children's Services  Ysupport@tdhs.zendesk.com  Address 1  Address 1  Address 2  City, State & Zip code Fax Number  Inspect of Case Name and Number  In	year-old about to age out of care or transitioning to EFCS wborn in need of TennCare benefits vere abuse ner: will be prioritized by Vital Records in the order listed above)  Title  Date  Records Requests  Please Return Records to TN Dept. of Children's Services  ysupport@tdhs.zendesk.com  Requestor's Name  Requestor's Name  Address 1  Address 2 (if applicable) City, State & Zip code Fax Number  Case Name and Number  Incy needs  death verificate  death verification County marriage certificate FSW's Signature divorce verification FSW's Telephone Number  INFORMATION REQUIRED FOR SEARCH: BIRTH - DEATH

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Case File, Vital Records Office

RDA 2982

kidcentral tn

Requestor's Name				Date							
D	Name of Funeral Director, if known										
E											
Α											
Т	Cause and Date of Death										
Н											
FOR RIPTH OF CHILD HANDED ONE VEAD											
FOR BIRTH OF CHILD UNDER ONE YEAR											
Name o	Name of Hospital			Name of Attendant							
					1		<u></u>				
Address of Hospital											
INFORMATION REQUIRED FOR SEARCH: MARRIAGE - DIVORCE											
NI.		1									
Name of Groom/Husband			Fire	t Mi	iddle	Last	Age	Race			
Name of Bride/Wife			1113	First Middle			Age	Nace			
Name of Bride/Wife			Firs	t Mi	iddle	Last	Age	Race			
			•			1	, ,	•			
Date of	Date of Marriage or Divorce Place of Marriage										
County i	in which licens	e was issue	ed			County of I	Divorce				
	Т										
Name o	f court										
Other da	ata										
				C . C							
Please N	Note: Attached	you will fir	nd a release	e of information	authorizing this	request					
		Fault	tal Dansel	- Office O	he Do Natarri	to bolovi th	ia Caatian				
		FOR VI	itai Kecord	s Office use On	iy – טס Not Wri	te below th	iis section				
This is to	o certify that o	ur files sho	w:								
Verificat	tion /			Birth	☐ Death	File Date:		Attached (Yes/No)			
Certifica	ite No.			Marriage	Divorce						
	<u> </u>										
Verificat				Birth	☐ Death	File Date:		Attached (Yes/No)			
Certifica	ite No.			Marriage	Divorce						
Process	ed by:				Date:						
Signature of Vital Records Staff											

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Case File, Vital Records Office

RDA 2982

kidcentral tn