



Tennessee Department of Children's Services

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

The purpose of this request is to:

- ☐ File TPR and/or finalize adoption
- ☐ 17-year-old about to age out of care or transitioning to EFCS
- ☐ Newborn in need of TennCare benefits
- ☐ Severe abuse
- ☐ Other:

(Requests will be prioritized by Vital Records in the order listed above)

Requestor's Name		Title		Date	
For TN Records Requests		Please Return Records to			
E-mail vragency support@tdhs.zendesk.com		TN Dept. of Children's Services			
Call 615-442-7744 for questions		Requestor's Name			
		Address 1			
		Address 2 (if applicable)			
		City, State & Zip code			
		Fax Number			
This agency needs	<input type="checkbox"/> birth certificate	Case Name and Number			
	<input type="checkbox"/> death verification	County			
	<input type="checkbox"/> marriage certificate	FSW's Signature			
	<input type="checkbox"/> divorce verification	FSW's Telephone Number			
INFORMATION REQUIRED FOR SEARCH: BIRTH - DEATH					
Full Name				Sex	Race
	First	Middle	Last		
Place of	<input type="checkbox"/> Birth		Date of	<input type="checkbox"/> Birth	
	<input type="checkbox"/> Death			<input type="checkbox"/> Death	
Requesting copy of the birth certificate of and a copy, if available, of the Voluntary Acknowledgment of Paternity					
B I R T H	Birth Certificate Number				
	Mother's full Maiden Name				
		First	Middle	Last(Maiden)	
	Father's Full Name				
		First	Middle	Last	

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
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Requestor's Name		Title		Date	
D E A T H					
	Name of Funeral Director, if known				
	Cause and Date of Death				
FOR BIRTH OF CHILD UNDER ONE YEAR					
Name of Hospital		Name of Attendant			
Address of Hospital					
INFORMATION REQUIRED FOR SEARCH: MARRIAGE - DIVORCE					
Name of Groom/Husband		First Middle Last		Age	Race
Name of Bride/Wife		First Middle Last		Age	Race
Date of Marriage or Divorce		Place of Marriage			
County in which license was issued		County of Divorce			
Name of court					
Other data					
Please Note: Attached you will find a release of information authorizing this request					
For Vital Records Office use Only - Do Not write below this Section					

This is to certify that our files show:

Verification / Certificate No.		<input type="checkbox"/> Birth	<input type="checkbox"/> Death	File Date:	Attached (Yes/No)
		<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce		
Verification / Certificate No.		<input type="checkbox"/> Birth	<input type="checkbox"/> Death	File Date:	Attached (Yes/No)
		<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce		

Processed by: _____ Date: _____
Signature of Vital Records Staff

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