## Attorney Proof of Entitlement

Addendum to application for certified copy of an Iowa vital event by an attorney on behalf of a client.

This completed and notarized Proof of Entitlement must accompany each request for a certified copy of an lowa vital event by applicants alleging to be the registrant's or the registrant's immediate family's attorney at law.

Type of Event:	Date of Event:			
Name of person granting representatio	Name of person named	on the record (registr	ant):	
Name of attorney legally representing t	he registrant and/or the regis	strant's immediate famil	y:	
Purpose of representation:	Date repres	sentation began:	Client agreement sig	ned:
			(Circle One) Yes	No
CLIENT'S CERTIFICATION ACKNOWLEDGEMENT:  I affirm that I have given the attorney named above entitlement to obtain a certified copy of an lowa vital event that I need to determine or protect my personal or property interest. I have signed below in front of a Notary Public.  SIGNATURE DATE SIGNED				
OIONATORE				
State of County of ss  Signed and affirmed in my presence  Name as appears on identification  on this day of,				Documentation used for Notarization (indicate below)
, My commission expires:				
ATTORNEY'S CERTIFICATION ACKNOWLEDGEMENT:  I affirm that I represent the client named above for legal purposes and the certified copy is needed to determine or protect the client's personal or property interest. I have signed below in front of a Notary Public.  SIGNATURE DATE SIGNED				
State of County of  Name as appears on identification  on this day of,	_ Signed and affirmed in my pres	sence	(SEAL)	Documentation used for Notarization (indicate below)
Notary Public Signature	y commission expires:			

Include a photocopy of the attorney's identification that was used for notarization.