



**HAMILTON COUNTY, TENNESSEE**  
**Hamilton County Health Department**

**VITAL RECORDS**  
**Authorization for Certificate Pickup**

**Date:** \_\_\_\_\_

I, \_\_\_\_\_ (**Requestor's Full Name**) give permission to \_\_\_\_\_ (**Authorized Individual's Full Name**) to pick up \_\_\_\_\_ (**Individual Named on Certificate**)'s \_\_\_\_\_ (**Birth/Death**) certificate.

\_\_\_\_\_  
**Requestor's Signature**

(Handwritten Signature Required)