

DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Records and Health Statistics

CERTIFICATE OF APPOINTMENT

STATE OF IDAHO)
COUNTY OF ADA) ss

KEYBOARD(), being duly qualified, is hereby appointed to serve as Assistant Local Registrar in and for
KEYBOARD() County, of the State of Idaho, to perform all duties of the Assistant Local Registrar,
effective KEYBOARD().

James B. Aydelotte, State Registrar
Bureau of Vital Records and Health Statistics

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public _____

(Seal)

Residing at _____, Idaho

My commission expires _____

DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Records and Health Statistics

CERTIFICATE OF APPOINTMENT

STATE OF IDAHO)
COUNTY OF _____) ss

I, _____, being duly qualified, am hereby appointed to serve as
Assistant Local Registrar in and for _____ County, of the State of Idaho,
to perform all duties of the Assistant Local Registrar, effective _____.

Signature of Assistant Local Registrar

Address

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public _____

(Seal)

Residing at _____, Idaho

My commission expires _____