AUTHORIZATION TO RELEASE INFORMATION & REQUEST VITAL RECORDS

Nativa Genealogy – Authorization Form

CLIENT INFORMATION (Person Granting Permission)
Full Legal Name: _____
Date of Birth: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone (optional): _____

AUTHORIZED REPRESENTATIVE
I authorize Nativa Genealogy, Attn: Erika Trenell (epierson@nativagenealogy.org), to act on my behalf for genealogy research and record requests.

SCOPE OF AUTHORIZATION
I authorize Nativa Genealogy to:
- Access and research public historical records
- Request information from archives and agencies
- Request non-restricted genealogy documents
- Assist with completing state-required forms
- Submit inquiries on my behalf

RESTRICTED DOCUMENTS NOTICE
I understand some records require ID, authorization, notarization, or POA and may be denied by state law. Nativa Genealogy cannot bypass legal restrictions.

PERMISSION TO SUBMIT IDENTIFICATION
If required, I authorize Nativa Genealogy to submit copies of my ID or proof of relationship that I provide.

FEES & RESPONSIBILITY
I understand all payments are non-refundable and state fees are separate.

PRIVACY & CONFIDENTIALITY
Nativa Genealogy will keep all personal information confidential.

SIGNATURE
Signature: _____
Printed Name: _____
Date: _____

NOTARY (Optional)
State: _____ County: _____
Subscribed and sworn before me on _____/_____/20____.
Notary Signature: _____