

**APPLICATION FOR GENEALOGICAL BIRTH RECORD SEARCH AND COPY**

**PLEASE PRINT LEGIBLY**

**(FURNISH ALL POSSIBLE INFORMATION)**

Full Name of child at Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

Gender: \_\_\_\_  
(M or F)

Father: \_\_\_\_\_  
(At time of this Birth)

Mother: \_\_\_\_\_  
(Full Married Name) (Maiden Name)

Please indicate your relationship to the child: \_\_\_\_\_

**YOU MUST SUBMIT A COPY OF YOUR STATE ID OR DRIVER'S LICENSE ALONG WITH YOUR REQUEST.**

**THE FEE FOR A SEARCH AND COPY IS \$4.**

**HOWEVER, IF THE RECORD IS LESS THAN 75 YEARS OLD IT WILL BE A CERTIFIED COPY WITH A FEE OF \$15.**

**THIS RECORD IS FOR GENEALOGICAL USE ONLY**

**Address of person requesting:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Address to be mailed to:**  
**(If needing to be mailed)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Application Made By: \_\_\_\_\_  
Signature of requester