

APPLICATION FOR SEARCH OF BIRTH RECORDS OF A DECEASED PERSON

(Please use a Typewriter or print legibly)

1. Name at Birth		First	Middle	Last
2. Place of Birth		Hospital	City or Town	County
3. Date of Birth	Month	Day	Year	4. Sex male ____ female ____
5. Birth Number (if known)				
6. Father's Full Name		First	Middle	Last
7. Mother's Full Name		First	Middle	Last

Section B - Death Information				Section C - Applicant Information	
1. Full Legal Name at Death (First, Middle, Last)				1. Name (First, Middle, Last)	
2. For Female Decedents, Maiden Surname				2. Street Address	
3. Date of Death	Month	Day	Year	3. City, State, Zip	
4. Place of Death		City, State		4. Social Security No.	
5. Relationship to Decedent				5. Driver's License Number/State	

I Affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Date: _____	Home Telephone (_____) _____
_____	Work Telephone (_____) _____

Written Signature

YOU MUST SUBMIT A COPY OF YOUR STATE ID OR DRIVER'S LICENSE ALONG WITH YOUR REQUEST.
 THE FEE FOR A SEARCH IS A \$4.00 SEARCH AND COPY FEE IF THE BIRTH RECORD IS MORE THAN 75 YEARS OLD. IF THE RECORD IS LESS THAN 75 YEARS OLD THE FEE IS \$10 FOR THE FIRST COPY AND \$4.00 FOR EACH ADDITIONAL COPY.