

APPLICATION FOR SEARCH OF BIRTH RECORD FILED
(FURNISH ALL POSSIBLE INFORMATION)
(USE TYPEWRITER OR PRINT LEGIBLY)

Full Name: _____
(First) (Middle) (Last)

Place of Birth: _____
(Street, RFD, or Hospital) (City or Township) (County)

Date of Birth: ___/___/___ Sex: _____ Birth Certificate Number _____
(MM/DD/YYYY) (M or F) (If Known)

Father: _____ Address: _____
(Name) (At time of this Birth)

Mother: _____
(Full Married Name) (Maiden Name)

Attendant At Birth: _____
(If Known) (Name) (Address)

The application must indicate the requestor's relationship to the person and the intended use of the certification as well as a copy of the requestor's State ID Card or Driver's License

The fee for a certified Birth Record is \$10.00 and each additional copy requested at the same time will be \$4.00.
Note: There is no charge for a certification when required by the Veteran's Administration. Evidence of the V.A.'s requirement of this record must accompany the application.

BIRTH RECORDS ARE CONFIDENTIAL RECORDS AND COPIES CAN BE ISSUED ONLY TO PERSONS ENTITLED TO RECEIVE THEM.

Address of person requesting:

Address to be mailed to:

(If other than Applicant)

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Signature _____

(Intended Use of Certification)

Application Made By: _____
(Relationship to Person)

Amount Enclosed: \$ _____