

**APPLICATION FOR CERTIFIED BIRTH RECORD**

**PLEASE PRINT LEGIBLY**

**FURNISH ALL POSSIBLE INFORMATION**

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_  
(MM/DD/YYYY) (M or F)

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

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

Please indicate your relationship to the child: \_\_\_\_\_  
MUST BE AN IMMEDIATE FAMILY MEMBER OR SELF REQUESTING RECORD

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

**The Fee for a certified Birth Record is \$15.00 and each additional copy requested at the same time will be \$10.00.**

**Address of person requesting:**  
(If other than Applicant)

**Address to be mailed to:**

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

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

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

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

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

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

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

Application Made By: \_\_\_\_\_

Signature of requester