Order form for certified
Birth Certificate

Name on birth record: _____

Date of Birth: _____

How many copies? _____ ($15 for 1st copy, $6 for each additional copy)

Mother's Name (with mother's maiden): _____

Father's Name: _____

Applicant Name: _____

Applicant Address: _____

       email: _____ Phone: _____

Indicate your relationship to the person whose record you have requested:

☐ Self   ☐ Guardian

☐ Spouse / Registered Domestic Partner   ☐ Descendant

☐ Parent   ☐ Attorney of person on record

☐ Federal/State/Local Government   ☐ Genealogist DHHS I.D. # _____

    Agency or Public School official   ☐ Other _____

By my signature below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____

Today's Date: _____

Below line is for Clerk's use only

Proof of Identity of applicant:

Applicant must provide one of these:

☐ Driver's License   ☐ Government issued picture I.D.

☐ Passport

OR two of these:

☐ Utility bills   ☐ DD 214

☐ Bank statements   ☐ Hospital birth worksheet

☐ Vehicle registration   ☐ License/rental agreement

☐ Income tax return / W2   ☐ Pay stub

☐ Personal Check w/ address   ☐ Voter Registration card

☐ A previously issued vital record or marriage   ☐ Disability award from SSA

    license   ☐ Medicare/Medicaid Insurance Card

☐ Letter from government agency requesting record   ☐ School or Employee Photo I.D.

    (DHHS, WIC)   ☐ Other (items that include the name, address and

☐ Department of Corrections I.D. card   date of birth) : _____

☐ Social Security Card

In order to establish eligibility to acquire record:

☐ Related applicants must provide proof of lineage, plus I.D.

☐ Domestic Partners must provide proof of registration of domestic partnership, plus I.D.

☐ A spouse must provide proof of marriage, plus I.D.

☐ Attorneys must provide a signed, notarized release from family, plus I.D.

☐ Genealogists must provide a state-issued card, plus I.D.

☐ Government entities must provide written request of agency letterhead, plus I.D. of requestor

Do not retain copies of proof provided or note any specific numbers

Clerk's initials: _____

Certified paper #: _____ Amount collected: $ _____