

Birth Certificate

Name on Birth Record: _____

Date of Birth: _____

How many copies? _____ (\$15 for first copy, \$6 for each additional copy)

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

Father's Name: _____

Applicant Name & Address: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Spouse/Registered Domestic Partner | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Attorney of Person on Record |
| <input type="checkbox"/> Federal/State/Local Government Agency or Public School Official | <input type="checkbox"/> Genealogist DHHS I.D. # _____ |
| | <input type="checkbox"/> Other _____ |

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

Applicant Signature: _____

Date: _____

Applicant must provide one of these:

- | | |
|---|---|
| <input type="checkbox"/> Driver's License # _____ | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport | |

OR two of these:

- | | |
|--|---|
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Hospital birth worksheet |
| <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> License/Rental Agreement |
| <input type="checkbox"/> Income Tax Return | <input type="checkbox"/> Pay Stub |
| <input type="checkbox"/> Personal Check with Address | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Previously used Vital Record or Marriage License | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> Medicare/Medicaid Insurance Card |
| <input type="checkbox"/> Department of Corrections I.D. card | <input type="checkbox"/> School or Employee Photo I.D. |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Other _____ |

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 requests of agency on letterhead, plus I.D. of requestor

Certified Paper #: _____ Amount Collected: _____