

REQUEST FOR BIRTH CERTIFICATE

Number of Copies _____ Fee: \$25.00 for 1st Copy, and \$5.00 per each additional copy of the same birth certificate purchased at the same time.

FILL IN THE INFORMATION BELOW CONCERNING THE PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED:

NAME AT BIRTH: _____

DATE OF BIRTH: _____

COUNTY OF BIRTH: _____

MOTHER'S NAME (include maiden name): _____

FATHER'S NAME: _____

YOUR SIGNATURE: _____ RELATIONSHIP _____

YOUR ADDRESS: _____

IDENTIFICATION IS REQUIRED – PER STATE VITAL RECORDS RULES

Copies of birth certificates issued to the following:

1: Self, 2: Parent, 3: Any Adult with a signed and notarized permission statement

OFFICE USE ONLY: ID Provided: _____