

# BIRTH CERTIFICATE

Name of Birth Record: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How Many Copies? \_\_\_\_\_ (\$15 for 1st copy, \$6 for each additional copy done at same time)

Mother's Name (with maiden name): \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Applicant 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 or Person on Record   |
| <input type="checkbox"/> Federal/State/Local Government     | <input type="checkbox"/> Genealogist DHHS I.D. #: _____ |
| <input type="checkbox"/> Agency or Public School Official   | <input type="checkbox"/> 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*

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government Issued I.D. |
| <input type="checkbox"/> Passport         |   |

*OR two of these*

- |   |   |
|---|---|
| <input type="checkbox"/> Utility Bill   | <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/Renstal Agreement  |
| <input type="checkbox"/> Income Tax Return  | <input type="checkbox"/> Pay Stub   |
| <input type="checkbox"/> Personal Check w/Address                                       | <input type="checkbox"/> Voter Registration Card  |
| <input type="checkbox"/> A previously issued vital record                               | <input type="checkbox"/> Disability Award from SSA  |
| <input type="checkbox"/> Letter from Government Agency<br>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 (items that include the name, address &<br>date of birth): _____ |

## In order to establish eligibilty to aquire record:

- Related applicants must provide proof of lineage, plus I.D.
- Domestic Partners must provide proof of domestic partnership registration, plus I.D.
- A spuse 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 on agency letterhead, plus I.D. of requestor

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

Clerk's Initial: \_\_\_\_\_

Safety Paper Number: \_\_\_\_\_