

## **Birth Certificate Request**

**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:**

**Applicant Telephone Number:**

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 style="width: 150px; height: 20px;" type="text"/> |
|  | <input type="checkbox"/> Other <input style="width: 300px; height: 20px;" type="text"/>                  |

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

Today's Date:

**Applicant Signature** \_\_\_\_\_

**Applicant must provide one of these:**

- Driver's License       Passport

**OR two of these:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Utility bills  | <input type="checkbox"/> Bank statements          | <input type="checkbox"/> Vehicle registration.        | <input type="checkbox"/> Income tax return / W2                               |
| <input type="checkbox"/> Social Security Card   | <input type="checkbox"/> Hospital birth worksheet | <input type="checkbox"/> License/rental agreement     | <input type="checkbox"/> Dept. of Corrections I.D. card                       |
| <input type="checkbox"/> Voter Registration Card  | <input type="checkbox"/> Personal Check w/address | <input type="checkbox"/> Disability award from SSA    | <input type="checkbox"/> Medicare / Medicaid Ins. Card                        |
| <input type="checkbox"/> DD 214   | <input type="checkbox"/> Pay Stub                 | <input type="checkbox"/> School / Employee Photo I.D. | <input type="checkbox"/> A previously issued vital record or marriage license |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) <input type="checkbox"/> Other (items that include the name, address and date of birth): _____ |   |   |   |

**Office Use Only**

- Government issued picture I.D.

**In order to establish eligibility to acquire record (all listed below require I.D.):**

- Proof of lineage       Domestic partnership registration     Proof of marriage  
 Signed, notarized release from family     Genealogist state-issued card     Written request from government agency letterhead

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

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