



### APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD

\$15.00 for the first copy, and \$6.00 for each additional copy of the same record purchased at the same time.

Please fill in the following information for location and record identification.

Full name on birth record: \_\_\_\_\_

Full name of parent A (maiden name if applicable): \_\_\_\_\_

Full Name of parent B (maiden name if applicable): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of copies requested: \_\_\_\_\_

Applicants name: \_\_\_\_\_ Applicants address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Indicate your relationship to the person on the requested record below:*

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Descendant                       |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Attorney of the person on record |
| <input type="checkbox"/> Guardian    | <input type="checkbox"/> Genealogist ID# _____            |

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Applicant must provide one of these**

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Passport | <input type="checkbox"/> Government-issued photo ID |
|---|-----------------------------------|---|

#### **Or TWO of these**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Utility bill                | <input type="checkbox"/> Letter from government agency | <input type="checkbox"/> Rental agreement          |
| <input type="checkbox"/> Bank statement              | <input type="checkbox"/> Department of Corrections ID  | <input type="checkbox"/> Pay stub                  |
| <input type="checkbox"/> Vehicle registration        | <input type="checkbox"/> Social Security card          | <input type="checkbox"/> W-2                       |
| <input type="checkbox"/> Income tax return           | <input type="checkbox"/> DD214                         | <input type="checkbox"/> Voter registration card   |
| <input type="checkbox"/> Personal check with address | <input type="checkbox"/> Hospital; birth worksheet     | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> Prior issued vital record   | <input type="checkbox"/> Other: _____                  |  |

#### **Establishing eligibility to acquire records**

- Related applicants must provide proof of lineage
- Domestic partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from the family
- Genealogists must provide state-issued card

Clerk's initials \_\_\_\_\_