

**Birth Certificate**

Name on Birth Record: \_\_\_\_\_ DOB: \_\_\_\_\_  
No. of Copies (\$15 for 1<sup>st</sup> copy; \$6 for each additional copy): \_\_\_\_\_  
Mother's 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 of Person on Record |
| <input type="checkbox"/> Federal/State/Local Govn't Agency or Public School Official | <input type="checkbox"/> Genealogist DHHS ID #        |
| <input type="checkbox"/> Other:  |   |

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Dated: \_\_\_\_\_

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**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 picture ID | <input type="checkbox"/> Passport |
|---|---|-----------------------------------|

***OR two of these:***

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Utility Bills                 | <input type="checkbox"/> DD214                               | <input type="checkbox"/> Bank Statements          |
| <input type="checkbox"/> Hospital Birth Worksheet      | <input type="checkbox"/> Vehicle Registration                | <input type="checkbox"/> License/Rental Agmt      |
| <input type="checkbox"/> Income Tax Return/W2          | <input type="checkbox"/> Pay Stub                            | <input type="checkbox"/> Personal Check w/Address |
| <input type="checkbox"/> Voter Registration Card       | <input type="checkbox"/> Previously Issued Vital Record      | <input type="checkbox"/> Medicare/Medicaid Card   |
| <input type="checkbox"/> Letter from Government Agency | <input type="checkbox"/> School/Employee Photo ID            | <input type="checkbox"/> Dept. of Corrections ID  |
| <input type="checkbox"/> Social Security Card          | <input type="checkbox"/> Other (incl. name, address and DOB) |   |

***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 request on agency letterhead, plus I.D. of requestor.

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

Clerk's Initials: \_\_\_\_\_