

# Birth Certificate

Name on birth record: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Parents Names (with mother's maiden):  
\_\_\_\_\_  
\_\_\_\_\_

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

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

**\$15 for 1<sup>st</sup> copy, \$6 for each additional copy**

**Proof of identity of applicant:**

*Applicant must provide one of these:*

- Driver's License
- Passport
- Government issued picture I.D.

*OR two of these:*

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other \_\_\_\_\_

**Establishing eligibility to acquire record:**

- 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 family
- Genealogists must provide a state-issued card
- Do not retain copies of proof provided or note any specific numbers

INITIALS OF STATE PERSONNEL \_\_\_\_\_

CERT# \_\_\_\_\_ # of copies \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ CC \_\_\_\_\_

ID Shown: \_\_\_\_\_

ID #: \_\_\_\_\_

Expires: \_\_\_\_\_