BIRTH CERTIFICATE REQUEST

Name on birth record:_____

Date of Birth:_____# of Copies:_____($15 each $6 each additional)

Parents' Names:_____

(with Mother's maiden name)_____

_____

Indicate your relationship to the person whose record you have requested:

__ Self __ Spouse __ Parent

__ Descendant __ Registered Domestic Partner

__ Attorney of Person on Record __ Genealogist DHHS ID#_____

__ Guardian

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

Applicant Signature:_____

Today's Date:_____

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Below this line is for Clerk's use only

Proof of identity of applicant:

Applicant must provide one of these:

__ Driver's License#_____ __ Government issued picture ID

__ Passport

OR two of these:

__ Utility bills __ DD214 __ Pay Stub

__ Bank Statement __ Vehicle Registration __ Income Tax return(W-2)

__ Personal Check w/ address __ A previously issued vital record __ Hospital: birth worksheet

__ License/rental agreement __ Voter registration card __ Disability award from SSA

__ Dept. of Corrections ID card __ Social Security card

__ Letter from government agency requesting record (DHHS, WIC)

__ Other (Items include name, address, and date of birth):_____

In order to establish eligibility to acquire record:

__ Related applicants must provide proof of lineage plus ID.

__ Domestic Partners must provide proof of registration of domestic partnership plus ID.

__ Attorneys must provide a signed, notarized release from family plus ID.

__ Genealogists must provide a state-issued card plus ID.

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

Clerk's Initials_____