

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: _____

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 _____