

**Birth Certificate**  
**(Request for Certified Copies)**

Name on Birth Record: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ How many copies? \_\_\_\_\_  
Parents Names (with mother's maiden)  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
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**

\_\_\_\_\_  
**DATE**

**\$15 for first 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 with 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**

**For Government Office Use Only**

Initials of Municipal Personnel \_\_\_\_\_  
Cert # \_\_\_\_\_ # of copies \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CC \_\_\_\_\_  
ID # \_\_\_\_\_  
Expires \_\_\_\_\_