



# APPLICATION FOR SEARCH OF BIRTH RECORD FILES

(FURNISH ALL POSSIBLE INFORMATION - USE TYPEWRITER OR PRINT PLAINLY)

FULL NAME: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: MALE  FEMALE

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

The fee for a SEARCH of the birth record files is \$ *9.00 First copy. Additional copies of same record \$6.00 each.*

**NOTE:** There is no charge for a certification when required by the Veterans' Administration. Evidence of the V.A.'s requirement of this record must accompany the application.

Birth certificates are confidential records, and copies can be issued only to persons entitled to receive them. The application must indicate the requestor's relationship to the person and the intended use of the certification. A photo copy of your drivers license is required.

REQUESTOR'S RELATIONSHIP TO PERSON: \_\_\_\_\_

INTENDED USE OF THE CERTIFICATION: \_\_\_\_\_

REQUESTOR'S NAME (signature): \_\_\_\_\_

REQUESTOR'S STREET ADDRESS: \_\_\_\_\_

REQUESTOR'S CITY: \_\_\_\_\_ REQUESTOR'S STATE: \_\_\_\_\_ REQUESTOR'S ZIP: \_\_\_\_\_

NUMBER OF CERTIFICATIONS REQUESTED: \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_

### MAILING ADDRESS INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_