



APPLICATION FOR VITAL RECORDS SEARCH

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

RECORD SEARCH FOR:

FULL NAME: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____ **GENDER:** _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

REQUESTOR'S INFORMATION:

RELATIONSHIP TO PERSON: _____

INTENDED USE OF CERTIFICATION: _____

STREET ADDRESS: _____, **CITY:** _____, **STATE:** _____, **ZIP:** _____

The fee for a birth record search is \$ 12.00 for first copy and \$6.00 for each additional copy.

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.

A Photo copy of your drivers license is required. If requesting copies to be mailed a self-addressed envelope with postage attached is required

NUMBER OF CERTIFICATIONS REQUESTED: _____ **AMOUNT ENCLOSED: \$** _____