



Birth Certificate Request Form

You may use the form below to request your birth certificate. **MAIL OR FAX THIS FORM TO THE VITAL STATISTICS OFFICE IN THE STATE WHERE YOU WERE BORN.** The Federal government does not maintain copies of birth records of persons born in the United States or its territories. The state or territory where the birth occurred maintains the record. Please note that some states, prior to release, may require the signature of the subject of the birth record or the parent or guardian if the subject is under 18 years of age.

PLEASE PRINT OR TYPE THIS FORM

TO (Office of Vital Statistics Address):

FROM (Current name and address):

I request a certified copy of my birth certificate to establish birth in the United States.

(Signature)

1. THE NAME UNDER WHICH I WAS BORN IS:

2. PLACE OF BIRTH (City, town, county, and state):

3. NAME OF HOSPITAL:

4. DATE OF BIRTH:

5. SEX:

6. RACE:

7. NAME OF FATHER:

8. NAME OF MOTHER (Include maiden name):

9. ENCLOSED (*Do not send cash*):

Certified check for \$_____ Money order for \$_____

Credit Card # (some States, via Fax.):_____ Exp:_____

Name on Credit Card: _____