

# APPLICATION FOR SEARCH OF BIRTH RECORD FILES

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

FULL NAME:	FIRST	MIDDLE	LAST
PLACE OF BIRTH:	STREET RFD, OR HOSPITAL	CITY OR TOWNSHIP	COUNTY
DATE OF BIRTH:	MONTH DAY YEAR	SEX MALE _____ FEMALE _____	BIRTH CERTIFICATE NUMBER IF KNOWN
FATHER:	NAME	PARENTS ADDRESS AT TIME OF THIS BIRTH	
MOTHER:	MAIDEN NAME	MARRIED NAME	
ATTENDANT AT BIRTH:	FULL NAME	ADDRESS	

The fee for a SEARCH of the birth record files is \$10.00. If the record is found, one certification or certified copy is furnished without further cost. Additional copies of the same record issued at the same time are \$6.00 each.

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.

FURNISH ME _____ CERTIFICATION (SHORT FORM)	AMOUNT ENCLOSED:
FURNISH ME _____ CERTIFIED COPIES (COMPLETE FORM)	\$ _____ <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CERTIFIED CHECK
APPLICATION MADE BY:	MAIL COPY TO (IF OTHER THAN APPLICANT)
NAME (Signature)	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:
YOUR RELATIONSHIP TO PERSON:	INTENDED USE OF CERTIFICATION: