

Birth Record Request Form



Kentucky Dept. for Libraries and Archives
P.O. Box 537, 300 Coffee Tree Road
Frankfort, KY
40602

Phone: 502.564.8300
Fax: 502.564.5773
<http://kdla.ky.gov>

Date:

Your Contact Information

Name:

Address:

City:

State/Province:

Daytime

Phone Number:

Email Address:

Birth Record Requested

Full Name of Child
at Birth:

Date of Birth:

County of Birth:

City / Town,
if known

Race

Parents Names, if known

Father:

Mother's Maiden
Name:

Submit only one form & one payment at a time.

I have enclosed the required fee to process this request.

Select Fee Type