

# APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

## COMPLETE ALL ITEMS BELOW

**INSTRUCTIONS:**

This form must be COMPLETED AND NOTARIZED before a Certified birth certificate will be issued. If requesting in person, in our office, a PHOTO ID for PROOF OF IDENTITY must be presented.

<b>Applicant Information</b>	<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION</b>		
	YOUR Name (Please Print)		
	YOUR Signature		
	YOUR Daytime Telephone Number	Purpose for which this record is needed	
	Your Street Address		
City/State/Zip			
<b>Relation to Person Named on Certificate</b>	The above named applicant is related to the person named on the Birth Certificate being requested as: (Please circle one)		
	Self Spouse ** PROOF of Guardianship, or NOTARIZED PROOF of authorization representation MUST be PRESENTED with this form.	Parent Child	Guardian ** Authorized Representative **
<b>Birth Information</b>	First Name	Middle Name	Last Name At Birth
	Date of Birth	City/Town	County
	Mother's First Name	Middle Name	Maiden Name
<b>Notary Use</b>	Father's First Name	Middle Name	Last Name
	Identification Presented	<input type="checkbox"/>	
	On this ____ day of _____, 20__ before me, the undersigned, a Notary Public for the State of _____, personally appeared _____, known to me or proved to me AFTER PRESENTATION OF IDENTIFICATION, that he or she is the person signing the affidavit on this application.		
	Notary Signature _____		
	Printed Name of Notary _____		Notary Seal
Notary public State of _____			
Residing At: _____			
My Commission Expires: _____			

» » » **NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY & KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT OR CERTIFIED COPY MADE, ALTERED, AMENDED OR MUTILATED.**