

District of Columbia Birth Certificate Application



Please follow the instructions below when submitting your application.

Please note: THE D.C. REGISTRAR MAY, AT ANY TIME, REQUEST ADDITIONAL DOCUMENTATION TO HELP DETERMINE THE IDENTITY OR ELIGIBILITY OF THE APPLICANT.

- 1. A separate application form must be submitted for each individual certificate being requested, and a separate VitalChek Processing Fee is required for each separate application.
 - ("LexisNexis VitalChek Network Inc. is in partnership with the District of Columbia Dept. of Health to enable enhanced electronic processing of mail-in vital record applications.")
- **2.** Current identification (as listed on the table below) is required for each certificate being requested. Expired IDs will <u>not</u> be accepted.

LICATION	Choose 1 Primary ID, <u>OR</u> at least 3 Secondary IDs (if Primary ID is not available)								
PLICA'	PRIMARY ID (1)	Valid, unexpired State-issued driver's license	Valid, une	expired Passport	Valid, unexpired State-issued ID Card (non-driver)				
	OR								
	SECONDARY ID (3 or more)	W-2 Form or current, filed tax form		Current utility bill showing full name and address					
		Current pay stub		School ID with transcript					
		Work ID with photo		Veteran ID					
COMPL		Social Security Card with signature		Notarized letter from parent listed on certificate					
WITH 0		Voter Registration Card		Valid Department of Corrections ID Card with photo, accompanied by probation documents or discharge papers					
		Court Order		Car registration or title with current name and address					
SEND		Military ID or Selective Service Card		Federal Government Census Record					

3. Only the persons named on the certificate (Mother, Father, or Child), an immediate family member or a legal representative are eligible to receive DC birth certificates. If you are <u>not</u> one of the persons named on the birth certificate, you must also send additional documentation (as shown below) with your completed application to prove your relationship to the person named on the certificate or your legal need to the certificate.

Relationship to Person Named on Certificate Sibling or Adult Child Grandparent Adult Grandchild	Additional Documentation Required (in addition to the required identification listed above)				
Sibling or Adult Child	A copy of your birth certificate				
Grandparent A copy of your child's birth certificate					
Addit Granacinia	A copy of your birth certificate, <u>and</u> a copy of your parent's birth certificate which names your grandparent				
Legal Guardian	Legal Guardian A copy of the valid guardianship papers certified by the court naming you as legal guard				
Legal Guardian Social Worker	A copy of your work ID, <u>and</u> A letter from the parent (or legal guardian), a court order, or a letter from your organization (on official letterhead, signed by a supervisor) stating your professional relationship to the person named on the certificate being requested				
A signed document stating you have been retained by your client (such as a retainm engagement letter), documentation establishing a legal or tangible interest in the re (such as court paperwork), or a letter (on official letterhead) stating your profession relationship to the person named on the certificate being requested					
Other	Documentation providing legal, tangible interest in the certificate being requested				

- **4. If the record you requested is not located, a "Certificate of Search" will be issued.** As the request was processed and the certificate was searched for, both the Agency Certificate Fee and the VitalChek Processing Fee are non-refundable.
- 5. Please mail your completed application, along with identification and additional documentation (if required), to:

Department of Health Vital Records Division ATTN: New Applications Dept. 899 North Capitol St., NE, 1st Floor Washington, DC 20002

For expedited order placement and processing please visit www.VitalChek.com.

6. Please allow 5 to 7 business days for your application to be received prior to calling our customer service department with any questions about your application. We can be reached at 1-877-572-6332.



STEP 1: CERTIFICATE INFORMATION

District of Columbia Birth Certificate Application



FOR VITALCHEK USE ONLY	
Order#	

Restriction on Access to Birth Certificates: Pursuant to D.C. Official Code Sec. 7-220, the Vital Records Division may issue a certified copy of a birth certificate ONLY to an applicant having a direct and tangible interest in the requested birth certificate.

NOTE: This form should be used ONLY by a person named on the certificate, an immediate family member, guardian or legal representative.

Full Name of Child at Time of Birth (Certific	ate Holder)						
first name	middle name				suffix		
Father's Full Name							
first name	middle name	ddle name			suffix		
Mother's Full Name first name	l middle name		I maidan laat	n a ma a			
nrst name	middle name		maiden last	name			
Date of Birth (MM/DD/YYYY)	, Hospital		, Gender	☐ Male	, Still Living	Yes	
Date of Birth (MIM/DD/TTTT)	Позрітаї		Gender		Still Living	브	
				Female		∐ No	
Reason for Request							
STEP 2: YOUR INFORMATION AND SHI	PPING ADDRESS						
Your Full Name (Applicant)							
first name	middle name		last name			suffix	
Varin China at Andreas		City.			Chaha	7in Code	
Your Street Address		City			State	Zip Code	
Your Relationship to Person Named on Cer	tificate	E-mail Address (for	communicati	on & status updates)	l D	aytime Phone Number	
Name and Address to Send Certificate (if di	fferent than noted a	bove)			•		
first name	middle name		last name			suffix	
Ship To Address		City			State	Zip Code	
Your Signature (Applicant)		•			Date of Appli	cation	
, ,	Tour or Brigging () the months						
STEP 3: COST		STEP 4: PA	YMENT II	NFORMATION			
1 1 -	/ [=	Select Payment Method: Submit separate payment for each Application					
Qty Pri	ce / ea Total	Select Payme	ent ivietno	a: Submit separa	ite payment for ed	acn Application	
A Number of copies: (total for all copies be	low) \$	DISCOVER	VISA	Credit Card	Personal Cl	heck Money Order	
First copy 1 \$	\$23.00 \$23.00			_		_ ,	
Additional copies (max of 5) x \$	23.00 ea			DO NOT SE	ND CASH		
Select Delivery Method (choose one):		1					
B • UPS will not deliver to a P.O. Box		Credit Card I	Credit Card Information: (if paying by Credit Card)				
 Processing time may take 7-10 busing 	ess days \$						
	520.00		alit Canal Ni			Fundamenta Deta	
	540.00	- Cre	dit Card Nu	mber		Expiration Date	
	526.00	1					
	336.50	Cardholder's Signature				Date	
	\$0.00						
Charges will appear on your Credit Card statement as: VCN D						N DC VITAL RECORDS	
C Processing & Handling: (non-refundable	\$ 6.00 \$6.00	16	If paying by check or money order, make payable to VITALCHEK.				
VitalChek Processing Fee	іт ра	aying by C	neck or money ord	ег, таке рауаг	DIE 10 VITALCHEK.		
TOTAL AMOUNT DUE = A + B + C	\$						

STEP 5: MAIL YOUR COMPLETED FORM

Please mail your completed form, along with ID and additional documentation (if required), to:

Department of Health, Vital Records Division

ATTN: New Applications Dept.

899 North Capitol St., NE, 1st Floor Washington, DC 20002

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