

Name of requester: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number of requester: \_\_\_\_\_

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**Photocopy of VALID Photo ID:**

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**BIRTH CERTIFICATE REQUESTS:**

FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

Name at birth: \_\_\_\_\_  
(First) (Middle) (Last)

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
(Hospital/Home) (City) (County) (State)

Full Name of Father: \_\_\_\_\_

Full Name of Mother before marriage: \_\_\_\_\_

*ACCESS TO BIRTH RECORDS IS LIMITED TO:*

- THE PERSON NAMED ON THE CERTIFICATE.
- THE PARENTS SHOWN ON THE BIRTH RECORD.
- AN AUTHORIZED LEGAL GUARDIAN OR AGENT.
- GRANDPARENTS OF THE PERSON NAMED ON THE CERTIFICATE.
- AN ADULT CHILD OF THE PERSON NAMED ON THE CERTIFICATE.
- AN ADULT SIBLING OF THE PERSON NAMED ON THE CERTIFICATE.
- THE SPOUSE OF THE PERSON NAMED ON THE CERTIFICATE.

**DEATH CERTIFICATE REQUESTS:**

FILL IN INFORMATION BELOW CONCERNING DECEDENT

Name at death: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of Death: \_\_\_\_\_  
(Hospital) (City) (County) (State)

If married, name of husband/wife: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_