

NON-REFUNDABLE SEARCH FEE

Birth Certificate

Name on birth record: _____

Date of Birth: _____

Place of Birth: _____

Parents Names (with parent/mother's maiden):

Applicant Name: _____

Applicant Address: _____

Indicate your Relationship to the person on requested record below:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____

Today's Date: _____

\$15 for 1st copy, \$6 for each additional copy

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incounterbillform.doc R. 12/2013

Proof of identity of applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)

Department of Corrections I.D. card

Social Security Card

DD 214

Hospital; birth worksheet

License/rental agreement

Pay stub

W-2

Voter Registration card

Disability award from SSA

Other _____

Establishing eligibility to acquire record:

Related applicants must provide proof of lineage.

Domestic Partners must provide proof of registration of domestic partnership

Attorneys must provide a signed, notarized release from family

Genealogists must provide a state-issued card

Do not retain copies of proof provided or note any specific numbers

STATE PERSONNEL USE ONLY _____

CERT# _____ # of copies _____

AMOUNT PAID _____

CASH _____ CHECK# _____ CC _____

ID Shown: _____

ID #: _____

Expires: _____

Notes: _____