

APPLICATION FOR SEARCH OF BIRTH RECORD FILES

(FURNISH ALL POSSIBLE INFORMATION – USE TYPEWRITER OR PRINT PLAINLY)

FULL NAME: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

MALE

FEMALE

FATHER: _____ MOTHER: _____

ATTENDANT AT BIRTH: _____

NOTE: There is no charge for a certification when required by the Veteran's Administration.
Evidence of the V.A.'s requirement of this record must accompany the application.

Birth certificates are confidential records, and copies can be issued only to person entitled to receive them. The application must indicate the requestor's relationship to the person and the intended use of the certification.

CUSTOMER SIGNATURE: _____	RELATIONSHIP TO THIS PERSON: _____
CUSTOMER ADDRESS	MAIL COPY TO: (IF OTHER THAN APPLICANT)
CITY:	NAME:
STATE: ZIP:	ADDRESS:
NUMBER OF COPIES REQUESTED:	CITY, STATE & ZIP
	AMOUNT PAID: \$

**Prices for Certified Birth Records are \$18.00 for first copy,
\$6.00 for each additional copy made at the same time.**