## **Birth Certificate**

Name	on birth record:						
Date of	f Birth: Numb	Number of copies requested:					
Parents Names (with mother's maiden):							
Applic	ant Name:						
Applic	ant Address:						
Applic	ant Phone Number:						
Indicate your relationship to the person whose record you have requested:							
	□ Self	☐ Guardian					
	☐ Spouse	☐ Descendant					
	☐ Registered Domestic Partner	☐ Attorney of person on record					
	□ Parent	☐ Genealogist ID #					
By my signature below, I swear/affirm that the information above is true and correct.							
	ant Signature:						
Аррпс	ant Signature.						
Today'	s Date:						
	\$15 for 1 <sup>st</sup> copy, \$6	for each additional copy					
	Below line is j	for Clerk's use only					
Proof of	identity of applicant:						
Applicant must provide one of these:							
	Driver's License	☐ Government issued picture I.D.					
	Passport						
OR two of these:							
	Utility bills	□ Voter Registration card					
	Bank statements	☐ Disability award from SSA					
	Vehicle registration	Other					
	Personal Check w/ address	Ed. H. L					
	A previously issued vital record	Establishing eligibility to acquire record:					
	Letter from government agency requesting record (DHHS, WIC)	<ul><li>Related applicants must provide proof of lineage.</li><li>Domestic Partners must provide proof of registration</li></ul>					
	Department of Corrections I.D. card	of domestic partnership					
	Social Security Card	Attorneys must provide a signed, notarized release					
	DD 214	from family					
	Hospital; birth worksheet	☐ Genealogists must provide a state-issued card					
	License/rental agreement	Do not retain copies of proof provided or note any specific numbers					
	Pay stub						
	W-2						