

REQUEST FOR **BIRTH** CERTIFICATE FROM VITAL RECORDS

Search Fee and **1st Certified Copy \$25.00**. Additional copies at this time are \$5.00 each.

CASH, CHECK, or MONEY ORDER

_____ # OF COPIES OF BIRTH CERTIFICATE () Living () Deceased Amount: _____ Date: _____

NAME ON CERTIFICATE: _____

DATE OF BIRTH: _____

COUNTY OF BIRTH: _____

MOTHER'S FULL (MAIDEN) NAME: _____

FATHER'S (FULL) NAME: _____

Name of Requestor: _____ Relationship: _____

Address of Requestor: _____

Phone Number : _____ Signature: _____

OFFICE USE ONLY: Type of I.D. Shown _____ PAYMENT METHOD: _____ Initials of Issuer: _____