

BIRTH

Application for Certified Copy of Maryland Birth Record
Maryland Department of Health and Mental Hygiene • Division of Vital Records

BIRTHPhoto identification provided Receipt # **BR2016**

Certificate #:

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

Date of Application: _____

NOTE: A copy of a birth record may only be issued to the person named on the Certificate; a parent or court-appointed guardian; a representative with a notarized letter signed by the person named on the Certificate, a parent or guardian granting permission to obtain a Certificate; an individual with a court order directing that the Certificate be issued; or an individual permitted to obtain a certificate under Md. Code Ann., Family Law Title 5, Subtitles 3A or 4B relating to adoptions.

PRINT your name & CURRENT address.

Name: _____ Your relationship to the person named on the Certificate: _____
 (First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (____) _____ - _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her VALID U.S. GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; U. S. passport). **If you do not have a U. S. Government-issued photo ID, read and sign the following statement:** I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

Signature: _____

PRINT information below with regard to the individual named on the requested certificate:

Name at Birth: _____
 If name has changed since birth due to adoption, court order, or any reason other than marriage, please list new name here: _____

Date of Birth: _____ Current age: _____ Sex: (Circle One): Male Female
 (Month/Day/Year)

Place of Birth: _____ Hospital: _____ County: _____
 (City)

Full Maiden Name of Mother: _____
 (Name she was born with)

Full Name of Father: _____

Number of Copies you want (\$32.00 Each) _____

ORDER INFORMATION

You may also apply for a birth record on line, by telephone or by fax. For further information, visit the Vital Statistics Administration website at <http://www.vsa.state.md.us/vsa/html/apps.html>.

*There is no fee for: A copy of a certificate of a current or former armed forces member that is requested by the member. Proof of service in the armed forces must be provided.

Vital records verification _____ Vital records verification _____

Birth records filed over 100 years ago are available through the Maryland State Archives in Annapolis (telephone number 410-260-6400).