

**APPLICATION FOR GENEALOGICAL BIRTH RECORD SEARCH AND COPY OR CERTIFIED COPY**

**PLEASE PRINT LEGIBLY**

**(FURNISH ALL POSSIBLE INFORMATION)**

Full Name of child at Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

Gender: \_\_\_\_  
(M or F)

Father: \_\_\_\_\_  
(At time of this Birth)

Mother: \_\_\_\_\_  
(Full Married Name) (Maiden Name)

Please indicate your relationship to the child: \_\_\_\_\_

**\*\*\*YOU MUST SUBMIT A COPY OF YOUR STATE ID OR DRIVER'S LICENSE ATTACHED\*\*\***

**CERTIFIED COPY \$20.00 (12\$ per additional copy)**

**OR**

**Genealogical White Sheet Print out is \$6.00 each**

**Address of person requesting:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Address to be mailed to:**  
**(If needing to be mailed)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Application Made By: \_\_\_\_\_

Signature of requester

**NUMBER OF TOTAL REQUESTS** \_\_\_\_\_