

# Birth Record Request Form



Kentucky Dept. for Libraries and Archives  
P.O. Box 537, 300 Coffee Tree Road  
Frankfort, KY  
40602

Phone: 502.564.8300  
Fax: 502.564.5773  
<https://kdla.ky.gov>

Date:

## Your Contact Information

Name:

Address:

City:

State/Province:

Zip Code:

Daytime  
Phone Number:

Email Address:

## Birth Record Requested

Full Name of Child  
at Birth:

Date of Birth:

County of Birth:

City / Town,  
if known

Race

## Parents Names, if known

Father:

Mother's Maiden  
Name:

Submit only one form & one payment at a time.

I have enclosed the required fee to process this request.

Select Fee Type