



# Birth Record Request Form

Date:

## Contact Information

Name:

Address:

City:

State/Province:

Zip Code:

Daytime Phone Number:

Email Address:

## Preferred Method of Contact:

Email

Phone

## Birth Record Requested

**Notes:** Provide any additional detail you think will be helpful in finding the requested record

Full Name of Child at Birth:

Date of Birth:

County of Birth:

City / Town, if known:

Race:

## Parents Names (if known)

## Preferred Method of Delivery:

Father:

Mother's Maiden Name:

Mailed copies

Certified Mailed copies

Electronic Scans

**Submit only one form & one payment at a time.**

I have enclosed the required fee to process this request.

Select Fee Type

