

BIRTH

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

BIRTH

*Garrett County Health Department, 1025 Memorial Drive, Oakland, MD 21550 * 301-334-7700*

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: **X** _____

Date of Application: **X** _____

<i>For Office Use Only</i>	
Photo Identification provided	<input type="checkbox"/>
Date Mailed _____	<input type="checkbox"/>

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 or TYPE your name & CURRENT address.

X REQUESTER Name: _____

<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Legal POA	<input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Other _____		

X Address: _____ City: _____ State: _____ Zip: _____

X Daytime phone number: (____) _____ - _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her **VALID GOVERNMENT-ISSUED PHOTO ID** with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's **current address**; passport). **If you do not have a 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 bills, 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 or TYPE information below with regard to the individual named on the requested certificate:

X 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: _____

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

X Place of Birth: _____ **X** Hospital: _____
(County or Baltimore City)

X Full Maiden Name of Mother: _____
(First Name) (Middle Name) (Maiden Name)

X Full Name of Father: _____
(First Name) (Middle Name) (Last Name)

ORDER INFORMATION

Number of certificates requested	
Fee per copy*	X \$20
Amount enclosed	

A non-refundable \$10 fee is required for each copy of a certificate*. Send check or money order. **Do not send cash when applying by mail.** When paying by check, you must include a copy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

When ordering by mail, send completed application, legible copy of ID, a self-addressed, stamped envelope, and check or money order payable to the DIVISION OF VITAL RECORDS to the Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0036.

You may also apply for a birth record in person, 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) A copy of a certificate of a current or former armed forces member that is requested by the member; or (b) A copy of a certificate of a current or former armed forces member or of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.

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

Rev. 06/19

Local Office Use Only: CC Auth: _____ Cash / Check # _____ / Gratis VA	Cert # _____	PatTrac <input type="checkbox"/>
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