

# BIRTH

## Application for Certified Copy of Maryland Birth Record

# BIRTH

Maryland Department of Health and Mental Hygiene • Division of Vital Records

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: \_\_\_\_\_

**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.

Name: \_\_\_\_\_ Your relationship to the person named on the Certificate: \_\_\_\_\_

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

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

Daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**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 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 or TYPE 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:  Male  Female  
(Month/Day/Year)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_ Certificate No. (if known) \_\_\_\_\_  
(County or Baltimore City)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Number of certificates requested	
Fee per copy	x \$12.00
Amount enclosed	

### ORDER INFORMATION

A non-refundable \$12.00 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 photocopy of your driver's license or government-issued non-driver photo ID that lists your current address or other acceptable identification 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, or by telephone or fax. For further information, visit our website at <http://mdpublichealth.org/vsa/html/apps.html>.