

Application for Certified Copy of a Birth Certificate

VitalChek

Please fax completed form to 866-283-7477.

Certificate Information

Full Name at Birth:					
	(First)	(Middle)	(Last – Maiden if female)		
If this child has been adopted, pl	ease provide the ch	ild's original name below	, if known:		
(First)		(Middle)	(Lect Me	iden if formale)	
(First)		(Middle)		(Last – Maiden if female)	
Father's Name:					
	(First)	(Middle)		(Last)	
Mother's Maiden Name:					
	(First)	(Middle)	(Mai	den Last)	
*Date of Birth: / / *Certificates are available from 1911 to prese			ty/City of Birth:		
	·	-		(First copy - \$10)	
Reason for Request:	*Lin		Number of Copies: (Addt'l copies - \$10) imit 5 copies per order (Addt'l copies - \$10)		
Hospital of Birth (if known):					
Applicant / Shipping Information					
		···· · · · · · · · · · · · · · · · · ·			
Your Relationship to Certificate Holder: Self	Mother	Father Other (Specify):		
Ship To Name:					
	(First)	(Middle)		(Last)	
Shipping Address:					
City:		State:	Ziŗ):	
-			·		
Daytime Phone:		Email Address:			
Shipping Method (select one): *UPS Next Day Air (\$17.50) Regular Mail (\$0.00) Delivered in approximately 3-5 business days Delivered in approximately 7-10 business days					
	B	illing Information			
Order Fees					
	*Card Num	ber: it cards accepted: Visa / MasterCa		Date: /	
	<u> </u>	·			
Addt'l Copies (\$10 ea.) \$ *Limit 5 copies per order		redit Card:			
VitalChek Processing Fee \$ <u>10.5</u>					
Shipping Fee \$	—	ress:			
Order Total \$			State:	Zip:	
	· ·			_ ·	
Cardholder's Signature:			Date:		
Applicant's Signature:			Date:		