BIRTH

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

BIRTH

For Issuing Office Only

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:			For Issuing Office Only
Date of Application:			☐ Photo ID ☐ Mailed
NOTE: A copy of a birth record may only be issued representative with a notarized letter signed by the pers a Certificate; a surviving spouse, an individual with a obtain a certificate under Md. Code Ann., Family Law 7	to the person named on the con named on the Certificate court order directing that t	he Certificate; a pa e or a parent or gua the Certificate be is	ardian granting permission to obtain ssued; or an individual permitted to
PRINT or TYPE your name & CURRENT addre	ess.		
Name:	Your relationship to the person		
Address:			
City:		_ State:	Zip:
Daytime phone number : (E-mail Addre	ess:	
stub, bank statement, copy of income tax return/W-2 f agreement. Please submit photocopies since these docu. ID, the certificate(s) will be mailed to the address listed of Signature:	ments will <u>not</u> be returned on the documents that you	to you. If you do	
PRINT or TYPE information below with regard to the in		uested certificate:	
Name at Birth:			
Date of Birth:	Current age:	Sex: □ M	Iale □ Female
(Month/Day/Year) Place of Birth:(County or Baltimore City)	Hospital:	Cert	ificate No. (if known)
Full Maiden Name of Mother:			
Full Name of Father:			
A		FORMATION of a partificate*	Sand sheet on mouse sades. De sad
			Send check or money order. Do not

Number of certificates requested	
Fee per copy*	x \$25.00
Amount enclosed	

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 Kent County Health Department, 125 South Lynchburg Street, Chestertown, Maryland 21620.

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://health.maryland.gov/vsa.

*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).