

CENTRAL UTAH PUBLIC HEALTH DEPARTMENT

APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

WARNING: It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6.

Certificates for births that occurred in Utah are available in this office.

INSTRUCTIONS

1. An application must be completed for each individual's certificate separately.
2. ID is required of the person that signs this request. ID must be either a government issued photo ID or two other proofs (see list of acceptable identifications on reverse). If request is presented in person, provide ID to clerk.
3. If request is mailed, include a legible COPY of a non-expired ID and the required fee (*checks or money orders made payable to Vital Records*) Central Utah Public Health Department, Vital Records, 70 Westview Drive, Richfield, Utah 84701. For any questions, please call (435) 896-5451.
4. Please review the certificate(s) for accuracy. Copy can only be replaced free of charge within 90 days from the issue date. After 90 days, you must repay applicable fees. If the requestor does not respond to a written notice from Vital Records within 90 days, CUPHD may retain all monies paid.

First certified copy of each record: \$22.00
Each additional certified copy of the same record ordered at the same time are \$10.00.
Additional Fees for years before 1926 may apply.
Make Checks payable to CUPHD. Fees are subject to change.

IDENTIFYING INFORMATION

FULL NAME ON RECORD _____
First Middle Last

DATE OF BIRTH _____ County of Birth _____

PARENT 1 (Mother) INFORMATION: _____

(FULL MAIDEN NAME, if applicable)

Date of Birth: _____ State of Birth _____

PARENT 2 (Father) INFORMATION: _____

(FULL MAIDEN NAME, if applicable)

Date of Birth: _____ State of Birth _____

Individual Making Request

RELATIONSHIP: I am: Self Parent Sibling Spouse Child Grandparent Grandchild
Other (Specify) _____

Name: _____ Daytime Phone Number: _____

Address: _____
Street Address City State Zip

Purpose for requesting certificate: Driver's License Social Security Passport School
State Programs Other (specify) _____

Signature: _____ **Date:** _____

<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NUMBER OF CERTIFIED COPIES REQUESTED</td> </tr> <tr> <td style="padding: 2px 5px;">_ 1 Certified Copy (\$22.00 Each)</td> <td style="text-align: right; padding: 2px 5px;">\$ 22.00+</td> </tr> <tr> <td style="padding: 2px 5px;">_____ Additional Certified Copies (\$10.00 each)</td> <td style="text-align: right; padding: 2px 5px;">\$ _____ +</td> </tr> <tr> <td style="padding: 2px 5px;">_____ Expedite Fee (Only for orders from State)</td> <td style="text-align: right; padding: 2px 5px;">\$ _____</td> </tr> <tr> <td style="padding: 2px 5px;">TOTAL FEE</td> <td style="text-align: right; padding: 2px 5px;">\$ _____</td> </tr> </table>	NUMBER OF CERTIFIED COPIES REQUESTED		_ 1 Certified Copy (\$22.00 Each)	\$ 22.00+	_____ Additional Certified Copies (\$10.00 each)	\$ _____ +	_____ Expedite Fee (Only for orders from State)	\$ _____	TOTAL FEE	\$ _____	If this order is to be mailed, please PRINT the name and mailing address below _____ _____ _____
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TOTAL FEE	\$ _____										

*****FOR OFFICE USE ONLY (do not write below)*****

Employee's Initials _____ PAID: Check Cash Money Order Credit Card _____