

BIRTH

Application for Certified Copy of Maryland Birth Record TALBOT COUNTY HEALTH DEPARTMENT

BIRTH

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	
<input type="checkbox"/> Photo ID	<input type="checkbox"/> Mailed

Date of Application: _____

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: (____) _____ - _____ Cell Phone: (____) _____ - _____

PHOTO ID REQUIRED: The individual requesting the record should submit 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. 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: _____

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: _____ (Month/Day/Year) Current age: _____ Sex: Male Female

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

Full Maiden Name of Mother: _____

Full Name of Father: _____

ORDER INFORMATION

Number of certificates requested	
Fee per copy*	x \$22.00
Amount Due	

A non-refundable \$22.00 fee is required for each copy of a certificate*. Make check or money order payable to **Talbot County Health Department** located at: **100 South Hanson St. Easton, MD. 21601**

*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. (i.e. DD214 form)

Birth records filed over 100 years ago are available through the Maryland State Archives in Annapolis (telephone number 410-260-6400). For further information, visit the Vital Statistics Administration website at: <http://health.maryland.gov/vsa>.