BIRTH CERTIFICATE REQUEST

Office of Vital Records and Statistics, PO Box 141012, 288 North 1460 West, Salt Lake City, UT 84114-1012
Website: silver.health.utah.gov

WARNING: It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth forms or to fraudulently obtain a birth certificate.

INSTRUCTIONS

1. This request must be completed in full.
2. Identification is required of the person signing this request. (See identification list on back of this form).
3. If ordering by mail, enclose the application, an enlarged, easily identifiable photo copy of the front and back of your ID, and appropriate fees.
4. Please check your certificate for accuracy. Your copy can only be replaced within 90 days from issuance date. After 90 days, you must repay the applicable fees.
5. If requester does not respond to a written request for information within 90 days, Vital Records may retain all monies paid.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE

DATE/PLACE OF BIRTH
(Date) (City) (County) (Hospital)

FULL NAME OF FATHER BIRTH
(Birth Date) (State or Country)

FULL MAIDEN NAME OF MOTHER

REQUESTOR

RELATIONSHIP: I am: □ Self □ Mother □ Father □ Sibling □ Spouse □ Child □ Grandparent □ Grandchild
□ Other (Specify)
Your Signature ____________________________ Date ____________________________
Printed Name ____________________________ Telephone Number ____________________________
Your Address ____________________________ (City, State & Zip Code)

Purpose for which the birth certificate is needed: □ Driver License □ Social Security □ Passport □ School □ State Assistance
□ Other (Specify) ____________________________

NUMBER OF CERTIFIED COPIES REQUESTED

Certified Copy ($20.00 each) $__________
Additional Certified Copies ($10.00 each) $__________
TOTAL FEE $__________

(Mailing Address if this order is to be mailed, please PRINT the name and mailing address)

Mailing Address: Office of Vital Statistics, PO Box 141012, Salt Lake City, UT 84114-1012

FOR OFFICE USE ONLY (do not write below)
PAID: Check Cash Money Order Credit Card Request Number __________________ Clerk’s Initials __________

UDOH-OVRS-11 Revised 07/16