

BIRTH

Application for Certified Copy of Maryland Birth Record Maryland Department of Health and Mental Hygiene • Carroll County Health Dept.

By my signature below, I state I am the person I represent myself to be herein, and I affirm the information submitted on this form is complete, accurate and submitted subject to the criminal penalties set forth in Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

Date of Application: _____ # of Copies requested: _____

For Issuing Office Only	
Date:	_____
# of copies:	_____
Amount:	_____
Check #:	_____
Receipt #:	_____
Birth Cert. #:	_____
<input type="checkbox"/> Photo ID	<input type="checkbox"/> Mailed

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 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: _____ Relationship to the person named on the Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (_____) _____ - _____ E-mail Address: _____

PHOTO ID REQUIRED: The individual requesting the record shall submit a legible copy of 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 I do not have a government-issued photo ID and I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two different types of the following: Social Security Card, pay stub, car registration, bank statement, letter from a government agency requesting the vital record, lease or rental agreement, property deed, utility bill (may provide two different types i.e. cable and electric), tax return, W-2 form, and a school photo ID. Please submit copies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents you present.)

Signature: _____

PRINT or TYPE information regarding the individual named on the requested certificate:

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

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

Full Maiden Name of Mother: _____

Full Name of Father: _____

A non-refundable \$20.00 fee is required for each copy of a certificate issued by the Carroll County Health Dept. The fee is waived for: (a) A copy of a certificate of a current or former Armed Forces member 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. You may also apply for a birth record by mail, on line, telephone or fax. For further information, visit The Vital Statistics Administration website at <http://www.vsa.state.md.us/vsa/html/apps.html>.

Birth records filed over 100 years ago are available through the Maryland State Archives in Annapolis; phone 410-260-6400.