

# Carroll County Health Department



**Public Health**  
Prevent. Promote. Protect.

## Application for Certified Copy of Maryland Birth Record

**For Issuing Office Only**

Date: \_\_\_\_\_

# of copies: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Birth Cert. #: \_\_\_\_\_

Photo ID     Mailed

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 MD Code Annotated, Health-General Section 4-227.

Signature of person making request: \_\_\_\_\_ Date: \_\_\_\_\_ # of Copies requested: \_\_\_\_\_

**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; a surviving spouse, 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.

Please **PRINT** or **TYPE** legibly 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 non-expired **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: 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 or W-2 form. 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: \_\_\_\_\_

Please **PRINT** or **TYPE** legibly the information for the individual on the requested certificate:

Full 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)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_ File/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.** The fee is waived for one copy for: (a) A current or former member of the armed forces of the United States; or (b) The 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 must be provided. You may also apply for a birth record by mail or on line. For more information, visit the Division of Vital Records website at [dhmh.maryland.gov/vsa](http://dhmh.maryland.gov/vsa).

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