BIRTH **BIRTH**

Application for Certified Copy of Maryland Birth Record

Maryland Department of Health and Mental Hygiene • Division of Vital Records

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: _____

Date of Application: _____

For Issuing Office Only
☐ Photo ID ☐ 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 or a parent or guardian granting permission to obtain a Certificate; a surviving spouse, 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: (_____) _____-_____ **E-mail Address:** _____

PHOTO ID REQUIRED: The individual requesting the record should 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 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. Please submit photocopies 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 that you present.)*

Signature: _____

PRINT or **TYPE** information below with regard to 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: _____ (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 $24.00
Amount enclosed	

A non–refundable $24 fee is required for each copy of a certificate*. Send check or money order. **Do not send cash when applying by mail.** When paying by check, you must include a copy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

When ordering by mail, send completed application, legible copy of ID, a self-addressed, stamped envelope, and check or money order payable to the DIVISION OF VITAL RECORDS to the Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0036.

You may also apply for a birth record in person, on line, by telephone or by fax. For further information, visit the Vital Statistics Administration website at http://www.vsa.state.md.us/vsa/html/apps.html.

*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.

Birth records filed over 100 years ago are available through the Maryland State Archives in Annapolis (telephone number 410-260-6400).

November 15, 2013

Division of Vital Records
P.O.Box 68760
Baltimore, MD 21215-0036

To Whom It May Concern:

I, *(participants name)* give *(case manager's name)* from the Maryland Department of Health and Mental Hygiene permission to receive a copy of my birth certificate. I currently reside at *(name of the facility where individuals lives)* where my address is *(address to facility with the city, state, and zip code).* My birth certificate is needed in order to obtain a state ID, housing, and to prove my identity.

Please send my birth certificate directly to:
(case manager's name)
Maryland Department of Health and Mental Hygiene
(case manager's work address)
(City, State Zip Code)

If you have any questions, comments, or concerns, please feel free to contact *(case manager's name) (case manager's title)* at *(case manager's phone number)* or by email *(case manager's email address).*

Sincerely,

(Participant's Signature)

(Participant's Name)

Note: In order to receive the participant's birth certificate, this letter must be notarized.