BIRTH

Application for Certified Copy of Maryland Birth Record Maryland Department of Health • Division of Vital Records

BIRTH

For Issuing Office Only

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	
Date of Application:			☐ Photo ID ☐ Mailed	
NOTE: A copy of a birth record may only be representative with a notarized letter signed by a Certificate; a surviving spouse, an individual obtain a certificate under Md. Code Ann., Fam	y the person named on the Certificate al with a court order directing that the	or a parent or guane Certificate be is	ardian granting permission to obtain ssued; or an individual permitted to	
PRINT or TYPE your name & CURREN	T address.			
Name:	Your r	Your relationship to the person named on the Certificate:		
Address:				
City:		State:	Zip:	
Daytime phone number : ()	E-mail Addre	ss:		
agreement. Please submit photocopies since th ID, the certificate(s) will be mailed to the addre. Signature:	ess listed on the documents that you		not have a Government-issued photo	
PRINT or TYPE information below with regard	d to the individual named on the requ	nested certificate:		
Name at Birth: If name has changed since birth due to or any reason other than marriage, plea				
Date of Birth:(Month/Day/Yea	Current age:	Sex: □ M	ale Female	
Place of Birth: (County or Baltimore		Cert	ificate No. (if known)	
Full Maiden Name of Mother:				
Full Name of Father:				
		FORMATION		
A non–refundable	e \$10 fee is required for each copy	of a certificate*. S	Send check or money order. Do not	

Number of certificates requested	
Fee per copy*	x \$10.00
Amount enclosed	

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://health.maryland.gov/vsa.

*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).