For a certified copy enclose a **fifty cents money order** made out to the State Department of Health, Montgomery, Alabama. Certified copies will not be sent until fifty cents has been received **for each copy requested.**

APPLICATION FOR A CERTIFIED COPY OF BIRTH RECORD

STATE HEALTH DEPARTMENT
BUREAU OF VITAL STATISTICS
MONTGOMERY, ALABAMA

Full Name of Child _____
First Middle Last

Date of Birth _____
Month Day Year

Birthplace _____
(Town, City, Rural) County

Full Name of Father _____
First Middle Last

Full Name of Mother Before Marriage _____
First Middle Last

This child was the _____ child born to this mother.
1st, 2d, 3d, 4th, etc.

I want a certified copy of this record for the following purpose _____

If this record is on file in your office, please mail a copy to the following address:

_____

I enclose money order amounting to $ _____

_____

_____

Have you in the past obtained a copy of this record? _____

Have you ever been notified by this office that this record is on file? _____. If so, send the notification card along with this application.

Have you ever filed a delayed certificate of birth? _____ If so, give approximate date _____

Note: This blank is to be used in requesting a certified copy of birth record or in determining whether or not a birth record is on file in the State office. It is not to be used to register a birth. If the fee is not sent a card will be mailed to you showing name and age of child, **if the record is on file.**

VS-14a