

BIRTH

Application for Certified Copy of Maryland Birth Record

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**Queen Anne's County Department of Health
206 N. Commerce Street, Centreville, MD 21617**

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 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.

When applying in person, make check or money order payable to: **Queen Anne's County Department of Health**

Please Print

Current Date: _____

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 (Month/Day/Year): _____ Current age: _____ Sex: Male Female
Place of Birth _____ Hospital (If Known) _____ Certificate No.(If Known) _____
(County or Baltimore City)

Full Name of Father _____

Full Maiden Name of Mother _____

Your Relationship to Person on Certificate _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her **VALID GOVERNMENT-ISSUED PHOTO ID, Must have Issue and Expiration date**, 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. 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: _____

Note: You may apply in person with required ID and a non-refundable **\$25.00** fee for each certificate obtained at the Queen Anne's County Department of Health. Currently birth records are on file from the year 1939 forward. There is a one-time free copy for current or former armed forces members that is requested by the member (or 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 (410-260-6400).

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.

IMPORTANT: Please indicate in the box the number of Certified copies requested

APPLICANT'S NAME (Print) _____

APPLICANT'S SIGNATURE _____

MAILING ADDRESS _____

CITY AND STATE _____

ZIP CODE _____ TELEPHONE # _____

Do Not Write Below

For Issuing Office Only

Photo ID Mailed

Administrative Use only:

Total Amount: _____

PAID: CASH _____ /CHECK# _____ /CC _____

CERTIFICATE#: _____ or DVR _____

VOUCHER#: _____

DRIVER'S LIC# (if check): _____

INITIALS OF PERSON ISSUING: _____

ORDER # _____