

UTAH COUNTY HEALTH DEPARTMENT OFFICE OF VITAL RECORDS REQUEST FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

HOURS: MONDAY - FRIDAY 8:00 AM - 4:30 PM 801- 851-7005

INFORMATION

Certificates for births that occurred in Utah County since 1905 are on file in this office. Persons who were born in Utah and have no birth certificate on file may make a request to file a Delayed Registration of Birth from the State office. **It is a violation of Utah State Law for any person to obtain, possess, use, sell, or furnish for any purpose of deception, a birth certificate or certified copy thereof.**

PLEASE NOTE: The hospital is not responsible to mail the request form for the Birth Certificate to Vital Records

INSTRUCTIONS

1. The requestor must be the subject, child, parent, sibling, spouse, grandparent, grandchild or a designated legal representative.
2. Utah Code 26-2-22. **State Issued ID is Required** of the person that signs this request.
There is a \$22.00 fee for each search of our files. Duplicate certified copies of this record ordered at the same time are \$10.00. **(Payable to UCHD)**
3. Send a completed request form, required fee, and a photocopy of your current photo I.D. to Utah County Health Department, Vital Records, 151 South University Avenue, Suite 1100, Provo, UT 84601.
4. If the requestor does not respond to any correspondence from Vital Records within 90 days, Vital Records may retain all monies paid.
5. **When you receive your certificate(s) please take the time to review the entire record for accuracy.** Copies can only be replaced **within 90 days** from the issuance date.

FULL NAME (AS IT **SHOULD** APPEAR ON CERTIFICATE) _____
 Date of Birth _____ Place of Birth (City) _____ County _____
 Full **Birth Name** of Parent _____
 State/Place of Birth _____ Date of Birth _____
 Full **Birth Name** of Parent _____
 State/Place of Birth _____ Date of Birth _____

Items requested for the above record: Number of Certificates: _____

REQUESTOR

RELATIONSHIP: I am: (check one) Self Mother Father Sibling Spouse Child Grandparent
 Grandchild OTHER: please list relationship and reason for request: _____

Date: _____
Your Signature X _____ Printed Name _____
 Your Address _____ Telephone Number _____
 City _____ State _____ Zip _____
 Email: _____

Number of Certificate Copies Requested for **ADDITIONAL** Children with the **SAME PARENTS**

Name of Child	Date of Birth	City of Birth	# of Certificates

Comments:

OFFICE USE ONLY

Paper #'s _____

Paid: Cash Check Money Order Credit Card

Request #'s _____ Clerk: _____

Only if mailing in/paying with a credit card, complete the information below:

Circle the card that applies: MasterCard Visa Discover

Signature _____

Name on Card: _____ 3-Digit Code: _____

Card # _____ Exp. Date: _____

OFFICE USE ONLY

Teller _____ Transaction # _____

CERTIFICATES

of 1st copies _____

of additional _____

Subtotal _____

OTHER ITEMS

of Affidavits _____

of expedites _____

Subtotal _____

Total Amount: _____