



# 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. Utah Code 26-2-22. **State Issued ID is Required** of the person that signs this request.
2. 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 (Payable to UCHD) 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: # of Certificates \_\_\_\_\_

### REQUESTOR

RELATIONSHIP: I am: (Select one) Self Parent Sibling Spouse Child Grandparent Grandchild

Other: \* please list relationship and reason for request:

Date: \_\_\_\_\_

Your Signature  \_\_\_\_\_ Printed Name \_\_\_\_\_

Your Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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: Check Cash Money Order Credit Card

Request #'s \_\_\_\_\_ Clerk: \_\_\_\_\_

**If paying with a credit card, please complete the information below:  
(2.65% fee applied paid by customer minimum of \$1.50)**

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: \_\_\_\_\_