

**UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS
TRICOUNTY HEALTH DEPARTMENT
APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE**

WARNING: It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah Code-Sections 26-23-5.5 and 26-23.6.

INSTRUCTIONS

1. An application must be completed for each birth requested. **ID IS REQUIRED** of the person that signs this request. **HAVE READY TO SHOW EITHER** a state issued ID (with a signature) **OR TWO** other things that your signature. (Please send photocopies of ID when mailing your request).
2. There is a fee of \$18.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed application with an easily identifiable photocopy of the front and back of your ID and the required fee (check or money order made payable to Vital Records) to TriCounty Health Department, Vital Records, 133 South 500 East, Vernal, Utah 84078. For any questions, please call (435) 247-1177.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.
5. **When you receive your birth certificate(s) please take the time to review the entire record for accuracy.** Your copy can be replaced within 90 days from the issuance date.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE _____

DATE OF BIRTH _____

PLACE OF BIRTH(CITY) _____ (COUNTY) _____ (STATE) _____

FULL NAME OF FATHER _____ BIRTH DATE _____

BIRTHPLACE OF FATHER _____

FULL MAIDEN NAME OF MOTHER (OF CHILD) _____

BIRTHPLACE OF MOTHER _____ BIRTH DATE _____

APPLICANT

RELATIONSHIP: **I am:** (Please circle one) Self Mother Father Sibling Spouse Child Grandparent Grandchild
Other (Specify) _____

Reason for requesting certificate _____

Your Signature _____ Date _____

Printed Name _____ Telephone Number _____

Your Address _____
(City, State & Zip)

NUMBER OF CERTIFIED COPIES REQUESTED

(If this order to be mailed, please print the Name and mailing address below)

___1___ Certified Copy \$ ___18.00_____

_____ Additional Certified Copies
(\$8.00 each) \$ _____

TOTAL FEE \$ _____

For **OFFICE USE ONLY** (Do Not Write Below)

PAID: CHECK CASH MONEY ORDER CREDIT/DEBIT CARD

Clerk's Initials _____

UTAH DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS FEE SCHEDULE

FEES
EFFECTIVE

JULY 1, 2009

Search and issuance of certified copy of certificate of **birth**,
Voluntary Declaration of Paternity or certificate of search 1905 – present:

Five years centered on requested year.....	\$ 18.00
Each additional five-years.....	\$ 18.00
Search and issuance of certified copy of certificate of stillbirth	\$ 15.00
Heritage Birth Certificate	\$ 25.00
Search and issuance of certified copy of certificates	
Of death, fetal death or certificate of search 1905 – present.....	\$ 16.00
Burial Transit Permit	\$ 7.00
Search Paternity Registry	\$ 16.00
Certification of divorce or marriage (1978-2006) (abstract of information only)	\$ 16.00
Amendments to correct information after one year of event or	
Court order changes to vital records	\$ 25.00
(includes one certified birth certificate)	
Registration and/or preparation and certified copy of delayed birth or stillbirth certificate or a new	
Birth certificate after adoption, legitimation, or adjudication of paternity (one certified copy)	\$ 55.00
Duplicate copies requested with initial search:	\$ 8.00
Expedite fee for same day service	\$12.00

SPECIAL HANDLING FEES (in addition to the fees listed above)

Death certificate replacement fee (per copy within 90 days of issuance)	\$ 1.00
Credit card orders (phone only: 1-866-632-2602)	\$ 15.50
(this includes an expedite fee for same day service and Vital Check Fee)	
Express Mail or Federal Express handling (according to the type of service requested)	Current Fee

If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.

Below is a list of the Health Departments in Utah. To check for the specific services they offer, please call ahead to make sure they are able to issue the specific document(s) you need.

Bear River District 655 E. 1300 N. Logan, UT 84341 435-792-6492	Shipp Clinic 4535 S. 5600 W. WVC, UT 84120 801-963-7313	Tooele County 151 N. Main Tooele, UT 84074 435-843-2300	Weber/Morgan 477 23 rd St. Ogden, UT 84401 801-399-7134
Central Utah 70 Westview Dr. Richfield, UT 84701 435-896-5451	Southeast Utah 28 S. 100 E. Price, UT 84501 435-637-3671	TriCounty Health 133 S. 500 E. Vernal, UT 84078 435-247-1177	Kamas (Birth only) 110 North Main Kamas, UT 84036 435-783-4351 x 3071
Davis County 50 E. State St. Farmington, UT 84025 801-451-3337	Southwest Utah 168 N. 100 E. St. George, UT 84770 435-986-2542	Utah County 151 S. Univ. Suite 1100 Provo, UT 85601 801-851-7526	Park City (Birth only) 6505 N. Landmark, #300 Park City, UT 84098 435-615-3910
Salt Lake Valley 610 S. 200 E. SLC, UT 84111 801-534-4658	Summit County 85 N. 50 E. Coalville, UT 84017 435-336-3222	Wasatch County 55 S. 500 E. Heber, UT 84032 435-654-2700 x3307	Sandy So East Clinic 9340 S. 700 E. Sandy, UT 84070 801-256-1961