

UTAH DEPARTMENT OF HEALTH
 OFFICE OF VITAL RECORDS & STATISTICS
TRI COUNTY 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 \$5000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5, 26-23-6.

INSTRUCTIONS

1. An application must be completed for each birth certificate requested. ID is required of the person that signs this request. Have available to show either a state issued ID (with a signature) or two other forms of ID that have your signature. *Please send photocopies of ID when mailing your request.*
2. There is a fee of \$15.00 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 (checks or money orders made payable to Tri County Health Department) to Tri County Health Department, Vital Records, 147 East Main, Vernal, UT 84078. For any questions please call (435) 789-5475.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records will retain all monies.
5. When you receive your birth certificate(s) please take the time to review the entire record for accuracy. Your copy can only 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) _____ (HOSPITAL) _____
 FULL NAME OF FATHER _____ BIRTH DATE _____
 BIRTHPLACE OF FATHER _____
 FULL MAIDEN NAME OF MOTHER _____ BIRTH DATE _____
 BIRTHPLACE OF MOTHER _____

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 _____
 (STREET, CITY, STATE, ZIP)

NUMBER OF CERTIFIED COPIES REQUESTED

<u> 1 </u> Certified Copy	\$ 15.00
<u> </u> Additional Certified Copies (\$8 each)	\$ _____
<u> </u> Utah's Heritage Birth Certificate (\$22 each) 8 to 10 weeks ordering time.	\$ _____
TOTAL FEES	\$ _____

If this order is to be mailed please PRINT the name and address mailing label below.

For office use only. (Do not write below line.)

Paid: Check Cash Money Order

Vital Records Label Only