



Application for Certified Copy of a Birth Certificate



Please fax completed form to **866-283-7477**.

Certificate Information

Full Name at Birth: _____
(First) (Middle) (Last – Maiden if female)

If this child has been adopted, please provide the child's original name below, if known:

(First) (Middle) (Last – Maiden if female)

Father's Name: _____
(First) (Middle) (Last)

Mother's Maiden Name: _____
(First) (Middle) (Maiden Last)

***Date of Birth:** ____/____/____ **Gender:** Male Female ***County/City of Birth:** _____
*Certificates are available from 1911 to present. Fort Campbell births from 11/22/1982 to present are considered Tennessee births.

Reason for Request: _____ ***Number of Copies:** _____ (First copy - \$10)
(Add'l copies - \$10)
*Limit 5 copies per order

Hospital of Birth (if known): _____

Applicant / Shipping Information

Your Relationship to Certificate Holder: Self Mother Father Other (Specify): _____

Ship To Name: _____
(First) (Middle) (Last)

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Email Address:** _____

Shipping Method (select one): ***UPS Next Day Air (\$17.50)** Delivered in approximately 3-5 business days **Regular Mail (\$0.00)** Delivered in approximately 7-10 business days

Billing Information

Order Fees	
First Copy	\$ 10.00
Add'l Copies (\$10 ea.)	\$ _____
<small>*Limit 5 copies per order</small>	
VitalChek Processing Fee	\$ 10.50
Shipping Fee	\$ _____
Order Total	\$ _____

***Card Number:** _____ **Exp. Date:** ____/____/____
*Type of credit cards accepted: Visa / MasterCard / American Express / Discover

Name on Credit Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____