

USE ONLY FOR A VITAL EVENT WHICH OCCURRED IN ALABAMA

The fee for a birth, death, marriage or divorce record search is \$15.00, which includes the cost of one certified copy OR a Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$6.00 each. Amendments, adoptions, legitimations, and delayed certificates must be processed through the Center for Health Statistics. The fee is \$20.00 to amend a record or file a delayed certificate which also covers the cost of one certified copy of the record. The fee is \$25.00 to prepare a new certificate of birth after adoption or legitimation which also covers the cost of one certified copy of the record. Make check or money order payable to the "State Board of Health." **Do not send cash. Fees are non-refundable.** Do not request two different types of certificates on the same form. **PRINT ALL INFORMATION LEGIBLY.** You must **complete & sign the applicant section** or your request cannot be processed.

TAKE THIS FORM TO YOUR LOCAL ALABAMA COUNTY HEALTH DEPARTMENT OR **MAIL THIS FORM TO:**
Alabama Department of Public Health, Center for Health Statistics, P.O. Box 5625, Montgomery, Alabama 36103-5625.
For information on expediting a request or ordering online, visit our website at
<http://www.alabamapublichealth.gov/vitalrecords> or call 334-206-5418.

APPLICANT SECTION (THIS SECTION MUST BE COMPLETED) Birth certificates less than 125 years old and death certificates less than 25 years old are restricted records. Valid identification must be submitted with a request for a restricted record. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (§ 22-9A-21). Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. Code of Ala. 1975, § 13A-10-109. By signing, you are certifying you have a legal right to the record requested.

Your Signature _____ Date _____
Print Your Name _____ Address _____
City _____ State _____ Zip _____ Daytime Phone (____) _____
Your Relationship to Person Whose Record is Being Requested _____
Reason for Request (if not immediate family) _____
I allow the following individual to receive certificate(s) _____

BIRTH: (SEE ID REQUIREMENTS ON REVERSE SIDE) NUMBER OF COPIES _____ AMOUNT PAID \$ _____
FULL NAME AS ON BIRTH CERTIFICATE _____
FIRST MIDDLE LAST
DATE OF BIRTH _____ SEX _____
COUNTY OF BIRTH _____ HOSPITAL _____
FULL NAME OF MOTHER/PARENT BEFORE FIRST MARRIAGE _____
FIRST MIDDLE LAST
FULL NAME OF FATHER/PARENT BEFORE FIRST MARRIAGE _____
FIRST MIDDLE LAST

DEATH: (SEE ID REQUIREMENTS ON REVERSE SIDE) NUMBER OF COPIES _____ AMOUNT PAID \$ _____
LEGAL NAME OF DECEASED _____
FIRST MIDDLE LAST
DATE OF DEATH _____ COUNTY OF DEATH _____ SEX _____
SSN _____ DATE OF BIRTH OR AGE _____ RACE _____
NAME OF SPOUSE _____
FIRST MIDDLE LAST
NAME OF PARENTS _____

STARTING WITH 1991 DEATHS, CERTIFICATES MAY BE ISSUED WITHOUT A CAUSE OF DEATH. Indicate the number of copies of each type of certificate you want: _____ WITH CAUSE OF DEATH _____ WITHOUT CAUSE OF DEATH

MARRIAGE OR DIVORCE: NUMBER OF COPIES _____ AMOUNT PAID \$ _____
FULL NAME OF SPOUSE 1 BEFORE FIRST MARRIAGE _____
FIRST MIDDLE LAST
FULL NAME OF SPOUSE 2 BEFORE FIRST MARRIAGE _____
FIRST MIDDLE LAST
IF MARRIAGE, DATE OF MARRIAGE _____ COUNTY WHERE LICENSE WAS ISSUED _____
IF DIVORCE, DATE OF DIVORCE _____ COUNTY OF DIVORCE _____

COUNTY REGISTRAR USE: This application has been reviewed for the individual's right to receive the requested document(s).

County Registrar's Signature _____ Date _____ County Health Department Receipt Number _____

IDENTIFICATION REQUIREMENTS FOR RESTRICTED ALABAMA VITAL RECORDS

Identification is required of any applicant requesting a restricted Alabama vital record (birth certificate less than 125 years from the date of birth or death certificate less than 25 years from the date of death). The applicant must submit a completed request and **one** form of identification from the **Primary ID** list below. In the event the applicant is unable to provide identification from the Primary ID list, he/she may provide **two** different forms of identification from the **Secondary ID** list.

If the applicant designates another individual to pick up a restricted certificate on his/her behalf, both the applicant **and** the designee must provide acceptable identification.

The completed request, as well as a copy of all identification submitted, will be maintained by the vital records office which processes the request.

Primary IDs Including PHOTO (need at least one, current, expired no more than 60 days)	Secondary IDs (need at least two)
<ul style="list-style-type: none"> - Alabama Driver's License - Out-of-State Driver's License - State-Issued Non-Driver ID - U.S. or Foreign Passport - U.S. Certificate of Naturalization - Certificate of Citizenship - U.S. Military ID - Work ID (If applicant is employee of agency/company making request) - Alien Resident Card (Temporary or Permanent) - U.S. Employment Authorization Card - Citizenship ID Card - Tribal ID - Pilot's License - Boating License - Concealed Weapons License - Ex-Felon ID - Inmate ID issued by the U.S. Dept of Justice w/ following documentation: <ul style="list-style-type: none"> o Supporting documents from institution if inmate is still in custody, letter of release from institution if inmate has been released - School ID (Must include current school term) - Alabama Voter Identification Card 	<ul style="list-style-type: none"> - Expired, Government-Issued ID - Utility Bill (No more than 6 months old) - Work ID (If applicant is making personal request) - Vehicle Registration or Vehicle Title - Property Tax Bill - Military Discharge (DD Form 214) - Voter Registration Card - Health Insurance Card - Social Security Correspondence (not Card) - U.S. Selective Service Card - Recent DMV Receipt for Fines Paid - Fishing or Hunting License - Copy of Police Report or other official documents which support theft, in cases where individual's ID has been stolen - Autism Spectrum Card - Immunization (Shot) Record <p style="margin-top: 20px;"><i>*In special cases where applicant is unable to provide any of these documents, please contact CHS at 334.206.5418.</i></p>