



# 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 \$18.00 fee for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00. **(Payable to UCHD)**
3. Send a completed request form, required fee, 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 \_\_\_\_\_  
 Mothers Full Maiden Name \_\_\_\_\_  
 State/Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Fathers Full Name \_\_\_\_\_  
 State/Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Items requested for the above record: **Number of Certificates** \_\_\_\_\_

## REQUESTOR

**RELATIONSHIP:** I am: (check one)  Self  Mother  Father  Sibling  Spouse  Child  Grandparent  
 Grandchild  OTHER: please list relationship and reason for request: \_\_\_\_\_

Date: \_\_\_\_\_  
**Your Signature** X \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Your Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Certificate Copies Requested for **ADDITIONAL** Children with the **SAME PARENTS**

Name of Child	Date of Birth	City of Birth	Certificates

Comments: \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE ONLY	
Paper #'s _____	
Paid: Cash    Check    Money Order    Credit Card	
Request #'s _____	Clerk: _____
<b>If paying with a credit card, please complete the information below:</b>	
Circle the card that applies: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Signature _____	
Name on Card: _____	3-Digit Code: _____
Card # _____	Exp. Date: _____

OFFICE USE ONLY	
Teller _____	Transaction # _____
<b>CERTIFICATES</b>	
# of 1st copies _____	
# of additional _____	
	Subtotal _____
<b>OTHER ITEMS</b>	
# of Affidavits _____	
# of expedites _____	
	Subtotal _____
Total Amount: _____	