APPLICATION FOR BIRTH CERTIFICATE

Please Print Or Type All Information Required On This Form

Name on Certificate _____________________________________________________ Sex ____________

Date of Birth _______________________ Kentucky County of Birth ____________________________

Mother’s Full Maiden Name ________________________________________________________________

Father’s Name ___________________________________________________________________________

Hospital ________________________________________________________________________________

______________________________________________ Phone: _____________________________

(Signature of Applicant) (Area Code) (Number)

Relationship To Person Named On Certificate __________________

Office Use Only

Vol __________________

Cert __________________

Year __________________

Date __________________

Initials ________________

A $10.00 fee must accompany this application. KRS 213.141 mandates that $3.00 of this fee be used toward the prevention of child abuse and that $1.00 of this fee be used to provide coverage for inherited metabolic disease products for uninsured children.

The $10.00 fee cannot be returned if the certificate is not found. If the certificate is on file you will receive one copy. Additional copies are $10.00 each. Make check or money order payable to “Kentucky State Treasurer”. When complete, mail the entire form to: Vital Statistics, 275 East Main 1E-A, Frankfort, Kentucky 40621.

Certified Copies - $10.00 Each Copy – Number of copies desired _________

Name and Mailing Address Required

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If you have not received your certificate(s) within 30 working days from the postmarked date of mailing, please contact the Office of VITAL STATISTICS at: 502-564-4212

Applicant’s Phone _____________________________

(Area Code) (Number)