



**\*Office use only\***

WOMS # \_\_\_\_\_ Certificate #(s): \_\_\_\_\_

**CALVERT COUNTY HEALTH DEPARTMENT**  
975 SOLOMONS ISLAND ROAD N, PRINCE FREDERICK, MARYLAND 20678

***Application for Certified Copy of Maryland Birth Record***

**NOTE:** A copy of a birth record may only be issued to the person named on the Certificate; a parent or court-appointed guardian; a representative with a notarized letter signed by the person named on the Certificate, a parent or guardian granting permission to obtain a Certificate; an individual with a court order directing that the Certificate be issued; or an individual permitted to obtain a certificate under Md. Code Ann., Family Law Title 5, Subtitles 3A or 4B relating to adoptions.

"Any person who willingly uses or attempts to use the requested certificate(s) for fraudulent or deceptive purposes is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$500.00 in accordance with Maryland Health-General Article, Annotated Code, Section 4-222."

Today's Date: \_\_\_\_\_

Full Name at Birth: \_\_\_\_\_

(First)

(Middle)

(Last)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Month) (Day) (Year)

Place of Birth: \_\_\_\_\_  
(City) (County)

Full Name of Parent 1: \_\_\_\_\_

Full **MAIDEN** Name of Parent 2: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

A valid photo ID is **required** (drivers license, passport, other photo ID).

If you cannot provide a valid photo ID - please provide 2 pieces of mail with your current address. This is where the birth certificate will be mailed.

**Applicant Information:**

THE NUMBER OF CERTIFICATES REQUESTED: \_\_\_\_\_

Relationship to Person on Certificate (Self, parent, guardian, other): \_\_\_\_\_

APPLICANT'S NAME: (Print): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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Date issued: \_\_\_\_\_ Receipt: \_\_\_\_\_

PHOTO ID \_\_\_\_\_ MAILED \_\_\_\_\_