



Office use only

Certificate # _____

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."

Date: _____

Full Name at Birth: _____

(First)

(Middle)

(Last)

Date of Birth: _____ Sex: _____
(Month) (Day) (Year)

Place of Birth: _____
(City) (County)

Full Name of Father: _____

Full **MAIDEN** Name of Mother: _____

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: _____

APPLICANT'S NAME: (Print): _____

APPLICANT'S SIGNATURE: _____

MAILING ADDRESS: _____

CITY AND STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

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Date issued: _____ Receipt: _____ File #: _____

PHOTO ID _____ MAILED _____