



MAILING ADDRESS: PO Box 800 • Price, UT 84501 • PHYSICAL ADDRESS: 28 S 100 E, Price  
435-637-3671 • Fax 435-637-1933 • <https://secure.utah.gov/vitalrecords/> (801-983-0275) • UDOH-OVRS-104  
June 2020

## BIRTH CERTIFICATE APPLICATION

### GENERAL INFORMATION

Birth Records are available from 1905 - present.  
Certificates may be ordered online at [vitalrecords.utah.gov](http://vitalrecords.utah.gov).  
Please read this application carefully. It is a criminal violation to make false statements on this application or to fraudulently obtain a vital records certificate.  
All fees paid are non-refundable. If required information is missing from this application, applicant will have 90 days to provide missing information.

### CHECKLIST

- This application is fully completed.  
 My payment is ready. // **Mail Orders: Check or Money Order enclosed**  
 My ID is ready. If mailing: **Copy of ID enclosed**

### IDENTIFYING INFORMATION

FULL NAME FOR CERTIFICATE \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ BIRTH CITY AND COUNTY \_\_\_\_\_  
HOSPITAL OR PLACE OF BIRTH \_\_\_\_\_  
PARENT 1 FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
PARENT 2 FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

### APPLICANT

Relationship to certificate holder:  Self  Parent  Sibling  Spouse  Child  Grandparent  Grandchild  
 Other (requires documentary proof of relationship or legal need) Specify: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PURPOSE CERTIFICATE IS NEEDED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NUMBER OF CERTIFICATES	<u>  1  </u> Certified Copy	<b>\$22.00</b>
	<u>      </u> Additional Certified Copies (\$10.00 each)	\$ _____
	<u>      </u> Expedite Fee (\$15.00)	\$ _____
	<b>TOTAL FEE:</b>	\$ _____

### Office use only

Request # \_\_\_\_\_

Paid: Check Money Order Cash Credit Card Homeless (no fee)

Clerk Initials \_\_\_\_\_