

# ✦ Birth Certificate Request ✦

\_\_\_\_\_  
Child's Name (first and last)

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's City/Town of Birth

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Requestor's Name

\_\_\_\_\_  
Relationship to Child

## Office Use Only

\_\_\_\_\_  
Type of ID Reviewed

\_\_\_\_\_  
Amt Paid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk's Initial

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