

UTAH DEPARTMENT OF HEALTH  
 OFFICE OF VITAL RECORDS AND STATISTICS  
**TOOELE COUNTY HEALTH DEPARTMENT**  
 APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

Certificates for births that occurred in Utah from 1951 to the present are on file in this office.

**WARNING:** It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6.

**INSTRUCTIONS**

1. An application must be completed for each birth requested. **Picture ID is required to obtain birth certificates.**
2. There is a fee of \$20.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed application with an easily identifiable photocopy of the **front** and **back** of your ID and the required fee (checks or money orders made payable to Vital Records) to Tooele County Health Department, Vital Records, 151 North Main, Tooele, Utah 84074. For any questions, please call (435)277-2301.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.
5. **When you receive your birth certificate(s) please take the time to review the entire record for accuracy.** Your copy can only be replaced within 90 days from the issuance date.

**IDENTIFYING INFORMATION**

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (City) \_\_\_\_\_ (County) \_\_\_\_\_ (Hospital) \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BIRTHPLACE OF FATHER (State) \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BIRTHPLACE OF MOTHER (State) \_\_\_\_\_

**APPLICANT**

RELATIONSHIP: **I am:** (Please circle one) Self    Mother    Father    Sibling    Spouse    Child    Grandparent    Grandchild  
 Other (Specify) \_\_\_\_\_

If other, reason for requesting certificate: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Address \_\_\_\_\_  
 (City, State & Zip)

**NUMBER OF CERTIFIED COPIES REQUESTED**

(If this order is to be mailed, please **PRINT** the name and mailing address below)

|       |  |          |   |       |
|-------|--|----------|---|-------|
| _ 1   | Certified Copy                                   | \$ 20.00 | + |       |
| _____ | <b>Additional</b> Certified Copies (\$8.00 each) | \$ _____ | + | _____ |
| _____ | Faxed Certificate (\$15.00)                      |          |   | _____ |
|       | <b>TOTAL FEE</b>                                 | \$ _____ |   | _____ |

**For OFFICE USE ONLY** (do not write below)

**PAID: CHECK    CASH    DEBIT/CREDIT**

**C e r t i f i e d P a p e r #**

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

Clerk's Initials \_\_\_\_\_

