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

- An application must be completed for each birth requested. Picture ID is required to obtain birth certificates. 1.
- 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 2. \$10.00 each.
- 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.
- If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies
- 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. 5.

IDENTIFY	ING INFORMATION
FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE	=
DATE OF BIRTH	
PLACE OF BIRTH (City)(Cou	unty) (Hospital)
FULL NAME OF PARENT 1 (Mother's maiden)	BIRTH DATE
BIRTHPLACE OF PARENT 1 (State or Country)	
FULL NAME OF PARENT 2 (Father)	BIRTH DATE
BIRTHPLACE OF PARENT 2 (State or Country)	
RELATIONSHIP: I am: (Please circle one) Self Mother	APPLICANT Father Sibling Spouse Child Grandparent Grandchild
If other, reason for requesting certificate:	
Your Signature	Date
Printed Name	Telephone Number
Your Address	(City, State & Zip)
PAID: CHECK CASH DEBIT/CREDIT	(If this order is to be mailed, please PRINT the name and mailing address below) \$ 20.00 +
Certified Paper #	
Request #	Clerk's Initials
Revised 06/16	STOTE O INITIALS