

DAVIS COUNTY HEALTH DEPARTMENT
VITAL RECORDS
 22 SOUTH STATE STREET, CLEARFIELD, UT 84015
CERTIFICATES ISSUED 8 A.M. TO 4:30 P.M., MONDAY-FRIDAY, EXCEPT LEGAL HOLIDAYS
REQUEST FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

WARNING: It is a criminal violation to make false statements on vital records 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. The requestor must be the subject, spouse, child, parent, sibling, grandparent, grandchild or a designated legal representative. Utah code 26-2-22. A request form must be completed for each birth requested. **ID is required** of the person that signs this request. **HAVE READY TO SHOW EITHER a state issued ID (with a signature) or TWO other proofs** (from our acceptable identification list).
2. There is a fee of \$20.00 for each search of our files. Additional certified copies of the same record ordered at the same time are \$10.00 each.
3. If ordering by mail, send the completed request with an enlarged, easily identifiable photocopy of the **front and back** of your ID and the required fee (**checks or money orders made payable to Davis County Vital Records**) to Davis County Vital Records, PO Box 618, Farmington, Utah 84025-0618. If ordering in person, please come to 22 South State Street, Clearfield, Utah. For any questions, please call 801-525-5155.
4. If the requestor 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, without charge, **within 90 days** from the issuance date.

IDENTIFYING INFORMATION

FULL NAME ON CERTIFICATE _____

DATE OF BIRTH _____ PLACE OF BIRTH City _____ County _____ Hospital _____

PARENT 1 FULL NAME First _____ Middle _____ Last (Maiden Name If Applicable) _____

BIRTHPLACE (State or Country) _____ BIRTH DATE _____

PARENT 2 FULL NAME First _____ Middle _____ Last (Maiden Name If Applicable) _____

BIRTHPLACE (State or Country) _____ BIRTH DATE _____

REQUESTOR

RELATIONSHIP: **I am:** (please circle one) Self Parent 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)

_ <u>1</u> Certified Copy	\$ <u>20.00+</u>	_____
_____ Additional Certified Copies (\$10.00 each)	\$ _____	_____
TOTAL FEE	\$ _____	_____

FOR OFFICE USE ONLY (do not write below)

PAID: Check Cash Money Order Credit Card Certified Paper # _____

Request # _____

Clerk's Initials _____ Date _____