DAVIS COUNTY HEALTH DEPARTMENT

VITAL RECORDS
22 SOUTH STATE STREET, CLEARFIELD, UT 84015
CERTIFICATES ISSUED 8 A.M. TO 4:30 P.M., MONDAYS-FRIDAYS, 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 $18.00 for each search of our files. Additional certified copies of the same record ordered at the same time are $8.00 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, P.O. 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 **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 MAIDEN NAME OF MOTHER First _____Middle_____Maiden_____

BIRTHPLACE OF MOTHER (State or Country) _____ BIRTH DATE _____

FULL NAME OF FATHER _____

BIRTHPLACE OF FATHER (State or Country) _____ BIRTH DATE _____

REQUESTOR

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** $ 18.00+ _____

_____ **Additional Certified Copies ($8.00 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 _____

Revised 11/10/10