

**UTAH COUNTY HEALTH DEPARTMENT OFFICE OF VITAL RECORDS
REQUEST FOR CERTIFIED COPY OF A BIRTH CERTIFICATE
HOURS: MONDAY - FRIDAY 8:00 AM - 4:30 PM (801) 851-7005**

INFORMATION

Certificates for births that occurred in Utah County since 1905 are on file in this office. Persons who were born in Utah and have no birth certificate on file may make a request to file a Delayed Registration of Birth from the State office. **It is a violation of Utah State Law for any person to obtain, possess, use, sell, or furnish for any purpose of deception, a birth certificate or certified copy thereof.**

PLEASE NOTE: The hospital is not responsible to mail the request form for the Birth Certificate to Vital Records

INSTRUCTIONS

1. The requestor must be the subject, child, parent, sibling, spouse, grandparent, grandchild or a designated legal representative. Utah Code 26-2-22. **State Issued ID is Required** of the person that signs this request.
2. There is a \$18.00 fee for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00.
3. Send a completed request form, required fee, and a photocopy of your current photo I.D. to Utah County Health Department, Vital Records, 151 South University Avenue, Suite 1100, Provo, UT 84601.
4. If the requestor does not respond to any correspondence from Vital Records within 90 days, Vital Records may retain all monies paid.
5. **When you receive your certificate(s) please take the time to review the entire record for accuracy.** Copies can only be replaced **within 90 days** from the issuance date.

FULL NAME (AS IT **SHOULD** APPEAR ON CERTIFICATE) _____
 Date of Birth _____ Place of Birth (City) _____ County _____
 Mothers Full Maiden Name _____
 State/Place of Birth _____ Date of Birth _____
 Fathers Full Name _____
 State/Place of Birth _____ Date of Birth _____

Items requested for the above record: # of Certificates _____

REQUESTOR

RELATIONSHIP: I am: (Circle one) Self Mother Father Sibling Spouse Child Grandparent Grandchild
 Date: _____
 Your Signature _____ Printed Name _____
 Your Address _____ Telephone Number _____
 City _____ State _____ Zip _____

Number of Certificate Copies Requested for **ADDITIONAL** Children with the **SAME PARENTS**

Name of Child	Date of Birth	City of Birth	Certificates

Comments:

OFFICE USE ONLY	
Paper #'s _____	
Paid: Check Cash Money Order Credit Card	
Request #'s _____	Clerk: _____
If paying with a credit card, please complete the information below:	
Circle the card that applies: Master Card Visa	
Signature _____	
Card # _____	Exp. Date: _____

OFFICE USE ONLY	
Teller _____	Transaction # _____
CERTIFICATES	
# of 1st copies _____	
# of additional _____	
	Subtotal _____
OTHER ITEMS	
# of Affidavits _____	
# of expedites _____	
	Subtotal _____
Total Amount: _____	