

Charles County Department of Health

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: \_\_\_\_\_

For Issuing Office Only
[ ] Photo ID [ ] Mailed

Date of Application: \_\_\_\_\_

NOTE: A copy of a birth record may only be issued to the person named on the Certificate; a parent or court-appointed guardian; a representative with a notarized letter signed by the person named on the Certificate or a parent or guardian granting permission to obtain a Certificate; a surviving spouse, an individual with a court order directing that the Certificate be issued; or an individual permitted to obtain a certificate under Md. Code Ann., Family Law Title 5, Subtitles 3A or 4B relating to adoptions.

PRINT or type YOUR name & CURRENT address.

Name: \_\_\_\_\_ Your relationship to the person named on the Certificate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her VALID GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; passport). If you do not have a Government-issued photo ID, read and sign the following statement: I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Social Security card, utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

Signature: \_\_\_\_\_

PRINT or TYPE information below with regard to the individual named on the requested certificate:

Full Name at Birth: \_\_\_\_\_

If name has changed since birth due to adoption, court order, or any reason other than marriage, please list new name here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_ Sex: [ ] Male [ ] Female
(Month/Day/Year)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_ State File No. (if known) \_\_\_\_\_
(County or Baltimore City)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

ORDER INFORMATION

You may apply for a birth certificate copy at the health department in person only. A non-refundable \$25 fee is required for each certificate copy\*. Methods of payment are cash, check, money order, Visa or MasterCard. Checks should be made payable to Charles County Department of Health (or CCDH).

You may also apply for a birth record in person, by mail, on line, by telephone or fax, at the Division of Vital Records in Baltimore. For further information, visit the Vital Statistics Administration website at https://health.maryland.gov/vsa, or call 410-764-3038.

\*There is no fee for: (a) A copy of a certificate of a current or former armed forces member that is requested by the member; or (b) A copy of a certificate of a current or former armed forces member or of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.

Birth records filed over 100 years ago are available through the Maryland State Archives in Annapolis (telephone number 410-260-6400) or on line at https://msa.maryland.gov.

Table with 2 columns: Description, Amount. Rows: Number of certificates requested, Fee per copy\* (x \$25.00), Amount enclosed.