

November 15, 2013

Division of Vital Records
P.O.Box 68760
Baltimore, MD 21215-0036

To Whom It May Concern:

I, *(participants name)* give *(case manager's name)* from the Maryland Department of Health and Mental Hygiene permission to receive a copy of my birth certificate. I currently reside at *(name of the facility where individuals lives)* where my address is *(address to facility with the city, state, and zip code)*. My birth certificate is needed in order to obtain a state ID, housing, and to prove my identity.

Please send my birth certificate directly to:
(case manager's name)
Maryland Department of Health and Mental Hygiene
(case manager's work address)
(City, State Zip Code)

If you have any questions, comments, or concerns, please feel free to contact *(case manager's name)* *(case manager's title)* at *(case manager's phone number)* or by email *(case manager's email address)*.

Sincerely,

(Participant's Signature)

(Participant's Name)

Note: In order to receive the participant's birth certificate, this letter must be notarized.