## Application for Certified Copy of Maryland Birth Record Queen Anne's County Department of Health 206 N. Commerce Street, Centreville, MD 21617



**<u>NOTE</u>**: A copy of a birth record may only be issued to the person named on the Certificate; a parent or court-appointed guardian; 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.

When applying in person, make check or money order payable to: **Queen Anne's County Department of Health** 

Current Date:	<u>Please Print</u>
Full Name at Birth: If name has changed since birth due or any reason <u>other than marriage</u> , p	to adoption, court order, lease list new name here:
Date of Birth (Month/Day/Year): Place of Birth (County or Baltimore (	Current age: Sex: Male Female Hospital (If Known) Certificate No.(If Known)
Full Maiden Name of Mother	
Your Relationship to Person on Certi	ficate
<b>following statement</b> : I declare that I include my name and current address registration form, pay stub, bank stateme agreement. If you do not have a Governi	ent address; passport). If you do not have a Government-issued photo ID, read and sign the do not have a government-issued photo ID and that I am presenting the attached two documents that as proof of identification. ( <i>Note: These documents must include two of the following: Utility bill, car</i> <i>nt, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/renta</i> <i>nent-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.</i> )
Signature:	
There is a one-time free copy for current the copy will be used in connection with a Birth records filed over 100 years ag	th records are on file from the year 1939 forward. or former armed forces members that is requested by the member ( <i>or a surviving spouse or child of the member</i> ), <i>a claim for a dependent or beneficiary of the member</i> ). Proof of service in the armed forces must be provided. to are available through the Maryland State Archives (410-260-6400).
	archieve to the animinal nonalties get forth at Manyland Cade Annatated Health Consul Section 4 227
complete and accurate and submittee	subject to the criminal penalues set forth at Maryland Code Annotated, Health-General Section 4-227
-	ANT: Please indicate in the box the number of Certified copies requested
IMPORT	
IMPORT. APPLICANT'S NAME (Print)	ANT: Please indicate in the box the number of Certified copies requested
IMPORT. APPLICANT'S NAME (Print) APPLICANT'S SIGNATURE	ANT: Please indicate in the box the number of Certified copies requested
IMPORT. APPLICANT'S NAME (Print) APPLICANT'S SIGNATURE MAILING ADDRESS	ANT: Please indicate in the box the number of Certified copies requested
IMPORT. APPLICANT'S NAME (Print) APPLICANT'S SIGNATURE MAILING ADDRESS CITY AND STATE	ANT: Please indicate in the box the number of Certified copies requested
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