

**USE ONLY FOR A VITAL EVENT WHICH OCCURRED IN ALABAMA**

The fee for a birth, death, marriage or divorce record search is \$15.00, which includes the cost of one certified copy OR Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$6.00 each. For information on how to expedite a document, call 334-206-5418. Amendments, adoptions, legitimations, and delayed certificates must be processed through the Center for Health Statistics. The fee is \$20.00 to amend a record or file a delayed certificate which also covers the cost of one certified copy of the record. The fee is \$25.00 to prepare a new certificate of birth after adoption or legitimation which also covers the cost of one certified copy of the record. Make check or money order payable to the "State Board of Health." **Fees are non-refundable.** Do not request two different types of certificates on the same form. **PRINT ALL INFORMATION LEGIBLY.** You must **complete & sign the applicant section** or your request cannot be processed.

TAKE THIS FORM TO YOUR LOCAL ALABAMA COUNTY HEALTH DEPARTMENT OR **MAIL THIS FORM TO:**  
**Alabama Department of Public Health, Center for Health Statistics, P.O. Box 5625, Montgomery, Alabama 36103-5625**  
For information on ordering a vital record via the Internet, visit our web site at: <http://www.adph.org>

**APPLICANT SECTION (THIS SECTION MUST BE COMPLETED)** Birth certificates less than 125 years old and death certificates less than 25 years old are restricted records. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (§ 22-9A-21). Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. Code of Ala. 1975, § 13A-10-109. By signing, you are certifying you have a legal right to the record requested.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Your Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_  
Your Relationship to Person Whose Record is Being Requested \_\_\_\_\_  
Reason for Request (if not immediate family) \_\_\_\_\_  
I allow the following individual to pick up the certificate(s) \_\_\_\_\_

**BIRTH:** NUMBER OF COPIES \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_  
FULL NAME AS ON BIRTH CERTIFICATE \_\_\_\_\_  
FIRST MIDDLE LAST  
DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
COUNTY OF BIRTH \_\_\_\_\_ HOSPITAL \_\_\_\_\_  
FULL MAIDEN NAME OF MOTHER \_\_\_\_\_  
FIRST MIDDLE LAST  
FULL NAME OF FATHER \_\_\_\_\_  
FIRST MIDDLE LAST

**DEATH:** NUMBER OF COPIES \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_  
LEGAL NAME OF DECEASED \_\_\_\_\_  
FIRST MIDDLE LAST  
DATE OF DEATH \_\_\_\_\_ COUNTY OF DEATH \_\_\_\_\_ SEX \_\_\_\_\_  
SSN \_\_\_\_\_ DATE OF BIRTH OR AGE \_\_\_\_\_ RACE \_\_\_\_\_  
NAME OF SPOUSE \_\_\_\_\_  
FIRST MIDDLE LAST  
NAME OF PARENTS \_\_\_\_\_  
**STARTING WITH 1991 DEATHS, CERTIFICATES MAY BE ISSUED WITHOUT A CAUSE OF DEATH.** Indicate the number of copies of each type of certificate you want: \_\_\_\_\_ WITH CAUSE OF DEATH \_\_\_\_\_ WITHOUT CAUSE OF DEATH

**MARRIAGE OR**  **DIVORCE:** NUMBER OF COPIES \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_  
FULL NAME OF HUSBAND \_\_\_\_\_  
FIRST MIDDLE LAST  
FULL MAIDEN NAME OF WIFE \_\_\_\_\_  
FIRST MIDDLE LAST  
DATE OF MARRIAGE \_\_\_\_\_ (OR) DATE OF DIVORCE \_\_\_\_\_  
IF MARRIAGE, COUNTY WHERE LICENSE WAS ISSUED \_\_\_\_\_  
IF DIVORCE, COUNTY OF DIVORCE \_\_\_\_\_

COUNTY REGISTRAR USE: This application has been reviewed for the individual's right to receive the requested document(s).  
\_\_\_\_\_  
County Registrar's Signature Date County Health Department Receipt Number