



**Do not write below. The staff at the Office of Vital Records will enter information.**

This form is not a birth certificate. The information is transcribed from the original document.

This cannot be used as a form of identification.

1. Child's Full Name at Birth:	_____
2. Date of Birth:	_____
3. Sex:	_____
4. Time of Birth:	_____
5. Place of Birth:	_____
6. Facility or Hospital:	_____
7. Mother's Full Maiden Name:	_____
8. Mother's Age or Date of Birth:	_____
9. Mother's State of Birth:	_____
10. Mother's Occupation:	_____
11. Father's Full Name:	_____
12. Father's Age or Date of Birth:	_____
13. Father's State of Birth:	_____
14. Father's Occupation:	_____
15. Mailing Address at Birth:	_____
16. Attendant at Birth:	_____
17. Attendant's Address:	_____
18. Date Certificate Filed:	_____
Other Information:	_____
	_____

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We were unable to locate a certificate  
with information given.

Verified By: \_\_\_\_\_

Title: \_\_\_\_\_

Date Verified: \_\_\_\_\_