

APPLICATION FOR VERIFICATION OF BIRTH FACTS

THIS APPLICATION <u>MUST</u> BE ACCOMPANIED BY A CHECK OR MONEY ORDER MADE PAYABLE TO TENNESSEE VITAL RECORDS FOR \$12.00.

Name and mailing address where verification is to be sent:

Nam	e of Individua	al or Requesting Age	ncy	Date
	Stre	et Address		() Telephone No.
City		State		Zip
In order for the Office of information from the rec			ch the files of birth re	cords, please provide the following
Year of Birth				
Name of Child at Birth	<u>or</u>	Name of Father (i	f named) <u>or</u> N	Jame of Mother (if no father named)
Also complete items 1-6 a more accurate search	•	ou have that inforn	nation. This allows the	e Office of Vital Records to perform
				l above. This fee is charged even i ls, please enclose \$12.00 for each
1. Full name at Birth: _				
2. Date of Birth:		First	Middle	Last
3. Gender: (Circle One	Month e) Male	_{Day} Female	Year	
4. City or County of Bir	rth:			
5. Mother's Full Maider	n Name:			
		First	Middle	Last
6. Father's Full Name:				
		First	Middle	Last
		MAIL THIS A	PPLICATION TO:	
		OFFICE OF Central So 421 5 th Aver	epartment of Health VITAL RECORDS ervices Building nue North, 1 st floor le, TN 37247	

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:				

We were unable to locate a certificate with information given.

Verified By:	
Title:	
Date Verified:	