



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF A TENNESSEE CERTIFICATE OF BIRTH  
(La versión en español al reverso de la página)

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

Number of Copies \_\_\_\_\_  
Enclose \$15.00 for each copy

\_\_\_\_ Copy of Voluntary Acknowledgment of Paternity- \$5.00 each copy  
(When purchased with a certified copy of the birth certificate.)

Full name on birth certificate: \_\_\_\_\_  
First Middle Last Name

Has the name ever been changed other than by marriage?  Yes  No

If yes, what was original name? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City County State Foreign Country (if Report of Foreign Birth)

Hospital where birth occurred: \_\_\_\_\_

Full name of father: \_\_\_\_\_

Full maiden name of mother: \_\_\_\_\_

Last name of mother at time of birth: \_\_\_\_\_

Next older brother or sister: \_\_\_\_\_ Younger: \_\_\_\_\_

Signature of person making request: \_\_\_\_\_

Relationship: \_\_\_\_\_

Purpose of copy: \_\_\_\_\_

Telephone number and email where you may be reached for additional information:  
(\_\_\_\_) \_\_\_\_\_ @ \_\_\_\_\_

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

**Records are filed in this office for the past 100 years; and over 100 years are available at the TN State Library and Archives.**

A fee of \$15.00 is charged for the search of the records and includes one copy of the record if located. Search fees are non-refundable if the record is not on file. All items must be completed and appropriate fees attached to process this request. Do not send cash. Send check or money order payable to: Tennessee Vital Records. **In addition, unless this application is notarized, you must send a photocopy of a VALID government issued ID showing your signature.** If you have not received a response within 45 days, please write or call Tennessee Vital Records at (615) 741-1763.

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PRINT NAME AND ADDRESS BELOW FOR OUR RECORDS

**Please remember to include the Fee and a Copy of your ID.** (Note: The request will be returned if not included.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address or Route

\_\_\_\_\_  
City and State Zip Code

**Mail Your Application To:**

**Tennessee Vital Records  
Andrew Johnson Tower, 1<sup>st</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243**