ID Requirements

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

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

Date: _____

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:** Male or Female
Month **Day** **Year**

Place of birth: _____
City **County** **State**

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: _____

Indicate number of each type of certificate desired and enclose appropriate fee:

For years 1949-Current:

___ **Short form**- $8.00 first copy. Additional copies of same record purchased at same time- $5.00 each.

___ **Long form**- $15.00 first copy. Additional Copies of same record purchased at the same time-$5.00 each.

For births **before 1949**:
No short form available

___ $15.00 first copy. Additional copies of same record purchased at the same time -$5.00 each.

The above fees are charged for the search of records and will not be refunded even if no record is on file in this office. A 3-year search is provided for the initial fee.

Telephone number where you may be reached for additional information: ( ) _____

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

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 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.

PH-1654 (rev 11/2008) RDA N/A

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

Name

Address or Route

City and State **Zip Code**

SEND TO:

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37243