

**ARKANSAS DEPARTMENT OF HEALTH**

Vital Records Section-Slot 44

4815 West Markham Street

Little Rock, AR 72205

Date \_\_\_\_\_

**BIRTH CERTIFICATE APPLICATION**

Only Arkansas births are recorded in this office. There are only a limited number of birth records filed in this office prior to February 1, 1914. The fee is \$12.00 for the first copy ordered and \$10.00 for each additional copy of the same record. The fee must accompany the application. Send check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** Of the total fee you send \$12.00 will be kept to cover search charges if no record of the birth is found. Only the names and dates listed will be searched for the \$12.00 fee. Names and other dates submitted later will require an additional \$12.00 non-refundable fee. Mail this application and the money to the address above. Please allow 4-6 weeks for processing the request.

**List Below All Possible Birth dates and Names Under Which the Certificate May be Registered (Type or Print)**

1. Full Name at Birth	First Name	Middle Name	Last Name			
2. Date of Birth	Month	Day	Year	Sex	Race	Age Last Birthday
3. Place of Birth	City or Town		County	State		Order of This Birth (1st, 2nd, 3rd, etc.)
	Name of Hospital or Street Address				Name of Attendant at Birth	
4. Full Name of Father	First Name	Middle Name	Last Name			
5. Full Maiden Name of Mother (Name Before Marriage)	First Name	Middle Name	Last Name			

If this child has been adopted, please give original name if known.  
 \_\_\_\_\_

If you have received a copy before, please give certificate number. \_\_\_\_\_

If this is a delayed certificate, when was it filed? \_\_\_\_\_

What is your relationship to the person whose certificate is being requested?  
 \_\_\_\_\_

What is your reason for requesting this certificate?  
 \_\_\_\_\_

Is the person whose certificate is being requested still living?  Yes  No

Signature and telephone number of person requesting this certificate.  
 \_\_\_\_\_

<b>DO NOT WRITE IN THIS SPACE</b>	
Name of Searcher	
Index	
Delayed	Prior
Volume Number	
Page Number	Year

**Certificates may also be ordered by the following methods:**  
 Internet: [www.vitalchek.com](http://www.vitalchek.com). The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover or American Express). Certificates may be returned by overnight courier for the cost of the additional shipment fee.

**OR**

**Telephone: Toll free (866) 209-9482** The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover or American Express). Certificates may be returned by overnight courier for the cost of the additional shipment fee.

**OR**

**Walk-in:** You may order a certified copy of the birth record by coming into this office. Orders are accepted for same day issuance from 8:00 A.M. until 3:00 P.M. Monday through Friday. The office is located at 4815 West Markham St. Little Rock, AR 72205. Please order family history and genealogy by mail or internet

<b>Copy(s)</b> <input type="checkbox"/>	*Not valid for federal or state identification purposes
<b>Card(s)*</b> <input type="checkbox"/>	
<b>How Many</b> <input type="checkbox"/>	
<b>1st copy or card costs \$12.00</b>	
<b>Each additional copy or card costs \$10.00</b>	
<b>AMOUNT OF MONEY ENCLOSED \$</b>	

Please **PRINT** below the name and address of the person who is to receive this request.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105).