

USE ONLY FOR A VITAL EVENT WHICH OCCURRED IN ALABAMA

The fee for a birth, death, marriage or divorce record search is \$12.00, which includes the cost of one certified copy OR Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$4.00 each. For information on how to expedite a document, call 334-206-5418. Amendments, adoptions, legitimations, and delayed certificates must be processed through the Center for Health Statistics. The fee is \$15.00 to amend a record, \$20.00 to prepare a new certificate of birth after adoption or legitimation or to file a delayed certificate, which also covers the cost of one certified copy of the record. Make check or money order payable to the "State Board of Health." Fees are non-refundable. Do not request two different types of certificates on the same form. **PRINT ALL INFORMATION LEGIBLY**. You must complete & sign the applicant section or your request cannot be processed.

TAKE THIS FORM TO ANY COUNTY HEALTH DEPARTMENT IN ALABAMA OR MAIL THIS FORM TO:
Alabama Department of Public Health, Center for Health Statistics, P.O. Box 5625, Montgomery, Alabama 36103-5625
For information on ordering a vital record via the Internet, visit our web site at: <http://www.adph.org>

APPLICANT SECTION (THIS SECTION MUST BE COMPLETED) Birth certificates less than 125 years old and death certificates less than 25 years old are restricted records. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (§ 22-9A-21). Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. Code of Ala. 1975, § 13A-10-109. By signing, you are certifying you have a legal right to the record requested.

Your Signature _____ Date _____

Print Your Name _____ Address _____

City _____ State _____ Zip _____ Daytime Phone (_____) _____

Your Relationship to Person Whose Record is Being Requested _____

Reason for Request (if not immediate family) _____

I allow the following individual to pick up the certificate (s) _____

BIRTH: NUMBER OF COPIES _____ AMOUNT PAID \$ _____

FULL NAME AS ON BIRTH CERTIFICATE _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ SEX _____

COUNTY OF BIRTH _____ HOSPITAL _____

FULL MAIDEN NAME OF MOTHER _____
FIRST MIDDLE LAST

FULL NAME OF FATHER _____
FIRST MIDDLE LAST

DEATH: NUMBER OF COPIES _____ AMOUNT PAID \$ _____

LEGAL NAME OF DECEASED _____
FIRST MIDDLE LAST

DATE OF DEATH _____ COUNTY OF DEATH _____ SEX _____

SSN _____ DATE OF BIRTH OR AGE _____ RACE _____

NAME OF SPOUSE _____
FIRST MIDDLE LAST

NAME OF PARENTS _____

STARTING WITH 1991 DEATHS, CERTIFICATES MAY BE ISSUED WITHOUT A CAUSE OF DEATH. Indicate the number of copies of each type of certificate you want: _____ WITH CAUSE OF DEATH _____ WITHOUT CAUSE OF DEATH

Q MARRIAGE OR Q DIVORCE: NUMBER OF COPIES _____ AMOUNT PAID \$ _____

FULL NAME OF HUSBAND _____
FIRST MIDDLE LAST

FULL MAIDEN NAME OF WIFE _____
FIRST MIDDLE LAST

DATE OF MARRIAGE _____ (OR) DATE OF DIVORCE _____

IF MARRIAGE, COUNTY WHERE LICENSE WAS ISSUED _____

IF DIVORCE, COUNTY OF DIVORCE _____

COUNTY REGISTRAR SIGNATURE _____ DATE _____ COUNTY HEALTH DEPARTMENT RECEIPT NO. _____