



Application for Certified Copy of Maryland Birth Record
Anne Arundel County Department of Health

3 Harry S. Truman Parkway, Annapolis, Maryland 21401 Phone 410-222-4462

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

For Issuing Office Only
[] Photo ID [] Mailed

Date of Application: _____

NOTE: A copy of a birth record may only be issued to the person named on the Certificate; a parent or court-appointed guardian; a representative with a notarized letter signed by the person named on the Certificate, a parent or guardian granting permission to obtain a Certificate; an individual with a court order directing that the Certificate be issued; or an individual permitted to obtain a certificate under Md. Code Ann., Family Law Title 5, Subtitles 3A or 4B relating to adoptions.

PRINT or TYPE your name & CURRENT address.

Name: _____ Your relationship to the person named on the Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (____) _____ - _____ E-mail Address: _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her VALID GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; passport). If you do not have a Government-issued photo ID, read and sign the following statement: I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

Signature: _____

PRINT or TYPE information below with regard to the individual named on the requested certificate:

Name at Birth: _____ (First) (Middle) (Last)

If name has changed since birth due to adoption, court order, or any reason other than marriage, please list new name here: _____

Date of Birth: _____ Current Age (At Last Birthday): _____ Sex: [] Male [] Female (Month/Day/Year)

Place of Birth: _____ (County or Baltimore City)

Certificate No. (if known) _____ Hospital: _____

Full Maiden Name of Mother: _____

Full Name of Father: _____

The Number of Certified Copies Requested _____

" THIS CERTIFICATE CAN BE USED FOR ALL PURPOSES "

FEE INFORMATION

A non-refundable \$20 fee is required for each copy of a certificate*. Make check or money order payable to: CONTROLLER, ANNE ARUNDEL COUNTY MARYLAND. You must apply in person

*There is no fee for: (a) A copy of a certificate of a current or former armed forces member that is requested by the member; or (b) A copy of a certificate of a current or former armed forces member or of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.

Birth records filed over 100 years ago are available through the Maryland State Archives in Annapolis (telephone number 410-260-6400).