

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
Date of Application:			Photo ID Mailed
representative with a notarized lett	ter signed by the person name ourt order directing that the G	ned on the Certificate, a parent or Certificate be issued; or an individ	arent or court-appointed guardian; a guardian granting permission to obtain a dual permitted to obtain a certificate under
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:	
ID, the certificate(s) will be mailed Signature: PRINT or TYPE information below	to the address listed on the	documents that you present.)	ou do not have a Government-issued phot
Name at Birth:	(Middle)	1	
(First) If name has changed since birth due or any reason other than marriage,	to aaoption, court oraer,	(Last)	
Date of Birth: (Month/Day/Yo		ge (At Last Birthday):	Sex: □ Male □ Female
Place of Birth:			
(County or Baltim Certificate No. (if known)	ore City)Hospital:		
Full Maiden Name of Mother:			
Full Name of Father:			
The Number of Certified Co		L PURPOSES"	

FEEINFORMATION

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.

MILITARY SERVICE(VETERANS AND ACTIVE SERVICE ONLY)-No Charge with DD214 or Military ID

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