

UTAH DEPARTMENT OF HEALTH  
 OFFICE OF VITAL RECORDS AND STATISTICS  
**TOOELE COUNTY HEALTH DEPARTMENT**  
 APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE  
**INFORMATION**

WARNING: It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 and 23-23-6.

**INSTRUCTIONS**

1. An application must be completed for each birth certificate requested. Photo I. D. is required to obtain birth certificates.
2. There is a fee of \$15.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed application and required fee along with an identifiable photocopy of your picture I. D. to Tooele County Health Department, Vital Records, 151 North Main, Tooele, Utah 84074.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.
5. When you receive your birth certificate(s) please take the time to review the entire record for accuracy. Your copy can only be replaced within 90 days. Vital Records may retain all monies paid.

**IDENTIFYING INFORMATION**

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (City \_\_\_\_\_ County) \_\_\_\_\_ (Hospital) \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ BIRTHPLACE OF FATHER (State) \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BIRTHPLACE OF MOTHER (State) \_\_\_\_\_

**APPLICANT**

RELATIONSHIP: I am: (Please circle one) Self    Mother    Father    Sibling    Spouse    Child    Grandparent    Grandchild

Other: (Specify) \_\_\_\_\_

If other, reason for requesting certificate: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NUMBER OF CERTIFIED COPIES REQUESTED**

(If this order is to be mailed, please **PRINT** the name and mailing address below)

_____ Regular Certificate	\$ 15.00 +	
_____ Additional Certified Copies (\$8.00 each)	\$ _____ +	
_____ Faxed Certificate (\$10.00)	\$ _____	
<b>TOTAL FEE</b>	<b>\$ _____</b>	



**For OFFICE USE only** (do not write below this line.)

**PAID:** CHECK    CASH    MONEY ORDER

**Certified Paper #** \_\_\_\_\_

**Request #** \_\_\_\_\_

**Clerks Initials** \_\_\_\_\_