

INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF A BIRTH RECORD

The Division of Vital Records can issue copies of birth certificates only for births that occurred in North Dakota. We have records on file starting with 1870 to the present.

NEW IDENTIFICATION REQUIREMENTS

We now require proof of identification before we can release a certified copy of a birth record. **Proof of identification can be established by submitting a legible photocopy of one of the following forms of identification:**

1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issue Passport or Visa

If you do not have one of the prior forms of identification, you must provide a legible photocopy of **two** of the following:

1. Social Security Card
2. Utility bill with current address (within last three months)
3. Bank Statement with current address (within last three months)
4. Pay stub (within last three months)
5. Car registration or title with current address
6. IRS Tax Return from prior year

The fee for a search of the files is \$7; one search fee pays for one certified copy. Additional copies of the same record issued at the same time are \$4 each. Please make your check or money order payable to North Dakota Department of Health. We will issue a certified raised-seal paper copy for each copy requested.

Once received, processing time is 5 to 7 business days in the office (**this does not include the mailing time**). Copies to be sent by **Federal Express** or **UPS** are processed the same day, **provided the request is in our office by 10:00 a.m. Central Time.**

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through Federal Express for an additional \$16.00 (add \$6 for delivery to Alaska or Hawaii) or UPS for an additional \$16.

This form may be completed and mailed with fees to:

Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

If you prefer, you may complete this form and fax it with your **Visa, Master Card, or Discover** credit card number and expiration date to (701) 328-1850. Remember to fax a copy of your ID!!

Our web page is at: www.ndhealth.gov/vital

Our email address is: vitalrec@nd.gov



REQUEST FOR CERTIFIED COPY OF A BIRTH RECORD
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 8140 (Rev. 6-2009)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name at Birth		2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth (Month, Day, Year)	4. Place of Birth (City, Township or County)		
5. Full Name of Father (First, Middle, Last)			
6. Full Name of Mother (First, Middle, Maiden)			
7. Number of Certified Copies Requested (\$7.00 - 1st Copy; \$4.00 for each additional) _____ Certified (For all official purposes, including U.S. Passport, Driver's License, Social Security, etc.) _____ Genealogy (For researching family history - not available for births occurring after 2005)			
8. Your Relationship to Person on Line 1* <input type="checkbox"/> Self (must be 16 or older) <input type="checkbox"/> Mother/Father <input type="checkbox"/> Public (Only if record is over 100 years old) <input type="checkbox"/> Authorized Representative (Needs to include court order) <input type="checkbox"/> Legal Guardian (must include guardianship papers-Social Services must also include employment photo ID) If individual on line #1 is deceased and you are the <input type="checkbox"/> spouse, <input type="checkbox"/> parent, <input type="checkbox"/> child, <input type="checkbox"/> grandparent, or <input type="checkbox"/> grandchild, you may request birth record. You must include a certified copy of the death record.			

****INDIVIDUAL SIGNING HERE MUST SUPPLY THEIR PHOTO ID OR NOTARIZED SIGNATURE BELOW**

Signature		Date		
Printed Name		Daytime Telephone Number		
Mailing Address	Apartment No.	City	State	ZIP Code

If Copy is to be Mailed Elsewhere, please provide mailing address below

Mailing Name				
Mailing Address	Apartment No.	City	State	ZIP Code
Shipping Instructions: (First Class Mail is the default) <input type="checkbox"/> First Class Mail - (No Charge) <input type="checkbox"/> FedEx - \$16 (Add \$6 for AK or HI; add \$50 for International) <input type="checkbox"/> UPS - \$16 (Add \$50 for International) <input type="checkbox"/> Waive Signature for FedEx or UPS Delivery		Credit Card Information: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover		Card Number Expiration (Month/Year) 3-Digit Security Code

IDENTIFICATION - All applicants must submit **EITHER** a clear copy of a government issued photo ID that contains the applicant's signature **OR** submit a notarized application.

Subscribed to and sworn before me this (date):	SEAL
Signature of Notary Public	
My Commission Expires	

Warning - NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.

PLEASE DO NOT ENTER ANYTHING BELOW THE LINE - THIS PORTION FOR OFFICIAL VITAL RECORDS OFFICE USE ONLY

Identification Verified	Fee Received
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