USE ONLY FOR A VITAL EVENT WHICH OCCURRED IN ALABAMA

The fee for a birth, death, marriage or divorce record search is \$15.00, 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 \$6.00 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 \$20.00 to amend a record or file a delayed certificate which also covers the cost of one certified copy of the record. The fee is \$25.00 to prepare a new certificate of birth after adoption or legitimation 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 YOUR LOCAL ALABAMA COUNTY HEALTH DEPARTMENT 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

ADDITIONAL SECTION (THIS SECTION MUST BE COMPLETED) Birth contiferation loss than 125 years old and doubt contiferation loss than 25 years old are

restricted records. You must be an immer (§ 22-9A-21). Anyone falsely applying for a r of Ala. 1975, § 13A-10-109. By signing, you	diate family member OR of ecord is subject to a penalt	lemonstrate a legal rig y upon conviction of up t	to the record in order to three months in the county	o obtain a copy of the record
Your Signature			Date	
Print Your Name		Address		
City	State Zip	Daytir	me Phone ()	
Your Relationship to Person Whose Record is	Being Requested			
Reason for Request (if not immediate family)_				
I allow the following individual to order the cert	ificate(s)			
BIRTH:		JMBER OF COPIES		T PAID\$
FULL NAME AS ON				·
BIRTH CERTIFICATE FIRST		MIDDLE	LAST	
DATE OF BIRTH		SEX		
COUNTY OF BIRTH	HOSPITAL			
FULL MAIDEN NAME OF MOTHER		MIDDLE	LAST	
FULL NAME OF FATHER				
FIRST		MIDDLE	LAST	
DEATH:	N	JMBER OF COPIES	AMOUNT F	PAID \$
LEGAL NAME OF DECEASEDFIRST		MIDDLE	LAST	
		COUNTY OF DEATH		SEX
SSN	DATE OF BIRTH OR AGE		RACE_	
NAME OF SPOUSE				
FIRST		MIDDLE	LAST	
STARTING WITH 1991 DEATHS, CERTIFICATES IN YOU want:WITH CAUSE OF DEATH		CAUSE OF DEATH. Indic	ate the number of copies of e	each type of certificate
☐ MARRIAGE OR ☐ DIVORCE:	N	JMBER OF COPIES	AMOU	INT PAID \$
FULL NAME OF HUSBANDFIRST		MIDDLE	LAST	
FULL MAIDEN NAME OF WIFE				
FIRST		MIDDLE	LAST	
DATE OF MARRIAGE	((OR) DATE OF DIVORCE		
IF MARRIAGE, COUNTY WHERE LICENSE WAS IS	SSUED			
IF DIVORCE, COUNTY OF DIVORCE				
COUNTY REGISTRAR USE: This application	has been reviewed for the	ndividual's right to recei		,
County Registrar's Signature	_	Date	County Health Depar	rtment Receipt Number