

Cash _____ Charge _____



Public Health
Prevent. Promote. Protect.
Harford County
Health Department

Harford County Health Department
120 S. Hays Street
P.O. Box 797
Bel Air, Maryland 21014-0797

FOR ISSUING OFFICE ONLY
 Photo ID Mailed

Certificate Number _____

**CERTIFICATES ARE ISSUED BETWEEN THE HOURS OF 8 A.M. AND 4 P.M.
MONDAY THROUGH FRIDAY**

APPLICATION FOR CERTIFIED COPY OF MARYLAND BIRTH RECORD
WE DO NOT ACCEPT MAIL-IN APPLICATIONS

Certified Birth Certificate Fee (non-refundable)
\$20.00 Cash or Credit Card

Military Service (Veterans and Active Service Only) – No charge with DD214 or Military I.D.

PLEASE PRINT

Request Date mo. _____ date _____ year _____

Full Name at Birth _____

First Middle Last

Date of Birth: mo _____ day _____ year _____ Sex _____

Age at Last Birthday _____ Certificate number (if known) _____

Place of Birth: **STATE OF MARYLAND ONLY** City _____ County _____

Full Name of Father _____

Full **Maiden(Birth)** Name of Mother _____

Your Relationship to Person on the Certificate _____
(i.e., self, parent or legal guardian)

PHOTO ID REQUIRED: The individual requesting the record should present a 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 _____

IMPORTANT:

PLEASE INDICATE IN THE BOX BELOW NUMBER OF CERTIFIED COPIES REQUESTED.

[]

Applicant's Name (Print) _____

Applicant's Signature _____

Mailing Address _____

City and State _____

Zip Code _____ **Telephone No.** _____

Any person who willfully uses or attempts to use the requested certificate(s) for fraudulent or deceptive purposes is guilty of a misdemeanor and, on conviction, is subject to a fine not exceeding \$500.00 in accordance with Maryland Health General Article, Annotated Code, Section 4-221.