VS-37 (Rev 09/08)



COMMONWEALTH OF KENTUCKY STATE REGISTRAR OF VITAL STATISTICS

APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE

Certificates of Birth that occurred in Kentucky since 1911 are on file in this office

| | BIRTH CERT | IFICATE INFO | RMATION | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Full Name at Birth | First | M | iddle | Last | |
| 2. Date of Birth | Month | Day | Year | Sex | Age Last Birthda |
| 3. Place of Birth | Kentucky City or Town | Kentucky Cou | nty | Name of Hospital | |
| 4. Mother's Maiden Name | First | Middle | | Last | |
| 5. Father's Name | First | Middle | | Last | |
| If this child has been ado | pted, please give original nam | ne if known: | DO NOT W | RITE IN | N THIS SPACE |
| What is your relationship to the person whose certificate is being requested? | | | ? Certificate Year | | |
| Signature and telephone number of the person requesting this certificate: | | | Date Searched by | , | |
| Signat | ure | Telephone | | | |
| Internet: Certificates may be of Discover or American Express) to the fee for each certified copreturned by overnight courier for available. The address is www.telephone : Orders may be pland Discover or American Express) to the fee for each certified copreturned by overnight courier for number to place your order is (4 Mail: Orders are accepted by rup to 30 working days to procest Vital Statistics, 275 East Main: (502) 564-4212. | cordered by the following mordered on the internet using a credit An additional charge card fee will by requested. Certificates requested vor the cost of the additional shipment kentucky.gov/vitalrecords. Liced by telephone using a credit card An additional charge card fee will by requested. Certificates requested vor the cost of the additional shipment 888) 782-8759, choose option 2. Limil, using a check or money order for syour request from the date payment Street 1E-A, Frankfort, KY 40621. Certified copy of the birth record by contributions. | card (Visa, Master Card, apply. This is in addition ia internet may be fee if that record is (Visa, Master Card, apply. This is in addition ia telephone may be fee. The telephone or payment. It can take at is posted. Mail to Dur telephone number is | when no copy is certified copy of Additional copie check or money State Treasurer." | search o available a birth c s are \$10 order pay This featied Copi | tified copies or f the files or records e. The fee for a certificate is \$10.00.0.00 each. Make yable to "Kentucky e is non refundable es @ \$10.00 each |
| are located at the address above until 3:30 PM Monday through | e. Orders are accepted for same day i Friday. | ssuance from 8:00 AM | | DED 0 | |
| | HIS SECTION MUST | BE COMPLETE | FOR ALL OR | DERS | |
| REQUESTORS INFO | DRMATION: | | NAME | | |
| | - | | MAILING ADI | DRESS | |
| | | | CITY, STATE, | ZIP CO | ODE |