UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS

TOOELE COUNTY HEALTH DEPARTMENT

APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

Certificates for births that occurred in Utah from **1926** to the present are available at this office.

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 26-23-6.

INSTRUCTIONS

1. An application must be completed for each birth requested. **Picture ID is required to obtain birth certificates.**
2. There is a fee of $22.00 for each search of our files. Additional certified copies of this record ordered at the same time are $10.00 each.
3. Send the completed application with an easily identifiable photocopy of the **front** and **back** of your ID and the required fee (checks or money orders made payable to Vital Records) to Tooele County Health Department, Vital Records, 151 North Main, Tooele, Utah 84074. For any questions, please call (435)277-2301.
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 from the issuance date.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE_____

DATE OF BIRTH_____

PLACE OF BIRTH (City)_____ (County)_____ (Hospital)_____

FULL NAME OF PARENT 1 (Mother's maiden)_____ BIRTH DATE_____

BIRTHPLACE OF PARENT 1 (State or Country)_____

FULL NAME OF PARENT 2 (Father)_____ BIRTH DATE_____

BIRTHPLACE OF PARENT 2 (State or Country) _____

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

__1__ Certified Copy $ 22.00 +

_____ **Additional** Certified Copies ($10.00 each) $_____ +

TOTAL FEE $_____

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

_____

_____

_____

For OFFICE USE ONLY (do not write below)

PAID: CHECK CASH DEBIT/CREDIT

Certified Paper # _____

Request # _____

Clerk's Initials_____

Revised 06/2020