

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER A BIRTH CERTIFICATE?

Only those authorized by 50-15-121 MCA and 37.8.126 ARM, which includes the registrant (14 years old or older), the registrant's spouse, children (with proof of relationship), parents, grandparents (with proof of relationship), a caretaker relative, guardian, an authorized representative, or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights. Proof of relationship, guardianship, caretaker relative, or authorization is required to obtain a certify copy of a birth record.

Step-relatives, in-laws, aunts, uncles, cousins, ex-spouses, and a natural parent of an adoptive child are not eligible to receive a certified copy of a birth certificate.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

Suggested Identification

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature	OR
<ul style="list-style-type: none"> • Driver's License • State ID Card • Passport • Military ID Card • Tribal 	<ul style="list-style-type: none"> • Social Security Card • Work ID Card • Car registration/Insurance • Doctor/Medical record • Fishing License • US Military DD214 • Utility Bill with a current address • Voter Registration Card 	<ul style="list-style-type: none"> • Credit/Debit/ATM Card • School ID Card • Library Card • Insurance Record • Pay Stub • Traffic/ Pawn ticket • Court record • Year Book
		<ul style="list-style-type: none"> • Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy) • Have an authorized family member that has an ID order the certificate

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies of **both sides** of the ID when mailing your request

IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

FEE (All fees must be U.S. funds)

- **CERTIFIED COPIES OF A BIRTH CERTIFICATE** cost \$12.00 for the first copy, \$5.00 for each additional copy of the same record. **(non-refundable)**
- **INFORMATIONAL COPIES OF A BIRTH CERTIFICATE** may be issued to anyone as long as the birth occurred 30 years prior to the date of application, **the cost is \$10.00. (non-refundable)**
- **CERTIFIED COPIES OF DOCUMENTS** on file with the state (i.e. Acknowledgment of Paternity, correction affidavits), **the cost is \$12.00 (non-refundable)**
- **SEARCHES:** \$10.00 for the first 5 years searched, then \$1.00 per year over the first five years per name requested. (An informational copy will be issued if record is found) **(non-refundable)**

PLEASE MAKE CHECKS PAYABLE TO: MONTANA VITAL RECORDS

Please complete the following information.

FULL First, Middle and Last Name on Birth Certificate: _____

Has name ever been changed other than marriage ____ No ____ Yes if so original name _____

Date of Birth: _____ Place of Birth (City or County): _____

Mother's **Full Maiden** Name: _____

Father's Full Name: _____ # of copies needed _____

Your relationship to the certificate holder : _____ (self, mother, father etc) Reason the Birth Certificate is needed: _____

Mailing or Delivery Address:

Name: _____ Applicant's Signature _____

Address: _____

City, State, Zip: _____ Daytime Telephone Number: _____

Notary (For use if needed)

_____ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to before me this _____ day of _____ 20____

Signature: _____
 Printed Name: _____
 Notary Public in and for the State of _____
 Residing at _____ My commission Expires _____

SEAL

Official Use Only

Date _____

Rec# _____

Amount _____

Cert # _____

Ser # _____

Comment _____

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)