

# APPLICATION FOR BIRTH CERTIFICATE

Please Print Or Type All Information Required On This Form

Name on Certificate \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ky. County of Birth \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Hospital \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant) Phone: \_\_\_\_\_  
(Area Code) (Number)

Relationship To Person Named On Certificate \_\_\_\_\_

Office Use Only	
Vol.	_____
Cert.	_____
Year	_____
Date	_____
Initials	_____

A **\$9.00** fee must accompany this application. The fee cannot be returned. If the certificate is on file you will receive one copy. Additional copies are **\$9.00** each. Make check or money order payable to "Kentucky State Treasurer". When complete, mail the entire form to Vital Statistics, 275 East Main, Frankfort, Kentucky 40621.

Check Type Of  
Copy Desired

Certified Copy - **\$9.00** Each Copy - Quantity Desired \_\_\_\_\_

Billfold Size Birth Card - **\$9.00** Each Copy - Quantity Desired \_\_\_\_\_

**(Kentucky School Systems will not accept billfold size birth certificates)**

**IF YOU HAVE NOT RECEIVED THE  
CERTIFICATE(S) YOU REQUESTED WITHIN  
30 DAYS FROM THE POSTMARKED DATE OF  
MAILING, PLEASE CONTACT THE OFFICE OF  
VITAL STATISTICS AT: 502-564-4212**

Mailing Address Required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S PHONE: \_\_\_\_\_  
(Area Code) (Number)