



Application for Certified Copy of Maryland Birth Record Prince George's County Vital Records

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

Date of Application: _____

Method of Payment

- ☐ Cash
☐ Money Order
☐ Debit/Credit

NOTE: A copy of a birth record may only be issued to the person named on the Certificate; a parent or court-appointed guardian; a representative with a notarized letter signed by the person named on the Certificate or a parent or guardian granting permission to obtain a Certificate; a surviving spouse, an individual with a court order directing that the Certificate be issued; or an individual permitted to obtain a Certificate under Md. Code Ann., Family Law Title 5, Subtitles 3A or 4B relating to adoptions.

PRINT or TYPE your name & current address.

Name: _____ Relationship to the person
named on the Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ E-mail Address: _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her **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. 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: _____

PRINT or TYPE information below with regard to the individual named on the requested certificate:

Name at Birth: _____

*If name has changed since birth due to adoption, court order,
or any reason other than marriage, please list new name here:* _____

Date of Birth: _____ Current age: _____ Sex: ☐ Male ☐ Female
(Month, Day, Year)

Place of Birth: _____ Hospital: _____ Certificate No: (if known) _____

Full Maiden Name of Mother: _____

Full Name of Father: _____

ORDER INFORMATION

Number of certificates requested	_____ X \$25.00
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For Issuing Office Only

Certificate Number(s): _____