



SALT LAKE COUNTY – Salt Lake Valley Health Department
Vital Records Main Office: 610 S. 200 E., SLC, UT 84111 (801) 534-4658
West Valley: 4535 S. 5600 W., WVC, UT 84120 (801) 963-7313
Sandy: 9340 S. 700 E., (West of McDonalds) Sandy, UT 84070 (801) 256-1961
SANDY & WEST VALLEY CLOSE FOR LUNCH DAILY 12:00 – 1:00
Office Hours are M-F unless otherwise posted: 8:30 a.m. – 4:00 p.m.
BIRTH CERTIFICATE ORDER FORM

Full Name on Record: _____

First
Middle
Last

Date of Birth: _____ City: _____ County: _____

Mother's FULL Maiden Name: _____

First
Middle
Maiden

Mother's Birthplace: _____ Mother's birth date: _____

Father's Full Name: _____

First
Middle
Last

Father's Birthplace: _____ Father's birth date: _____

THE PERSON REQUESTING A RECORD MUST PROVIDE IDENTIFICATION. A list of acceptable identification is on the back of this page. If sending this request by mail to our main office, please include a copy of both sides of your picture Identification. **Copies may be ordered by the subject, parent, spouse, child, sibling, grandparent, grandchild or legal proof of need or guardianship is required.**

Warning: It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 & 26-23-6.

FEES ARE: \$18.00 FOR INITIAL COPY, Each Extra Certified copy of the same record is \$8.00 when ordered on the same day.

Please review the certificate for accuracy. Copies will only be replaced within 90 days from the issue date. If the requester does not respond to a written notice from Vital Records within 90 days, Vital Records may retain all monies paid. **Fees are subject to change.**



INFORMATION OF PERSON MAKING REQUEST

Relationship: I am: (Circle one) Self Mother Father Sibling Spouse Child Grandparent Grandchild

Your reason for requesting this certificate _____

Your Signature: _____ Today's Date: _____

Your Printed Name: _____ Your telephone number: _____

Your address: _____

	Street address	City	State	Zip Code
	<u>Number of Certified Copies Requested</u>		Method of Payment: Cash Check	
			Credit (in person only)	
<u>1</u> Certified copy		\$18.00	Clerk's Initials: _____	
_____ Additional certified copies	\$8.00 each	\$ _____	Paper numbers: _____	
	Total Due	\$ _____	_____	

Identification given: _____