

**ALABAMA
REQUEST FOR KEEPSAKE BIRTH CERTIFICATE**

The Center for Health Statistics may issue a Keepsake Birth Certificate for anyone born in Alabama for whom there is a record on file in our office. Even though the Center began collecting birth certificates in 1908, most Keepsake Birth Certificates are requested for younger children, especially since **the Keepsake Birth Certificate is not a record that can be used for legal purposes.**

By Alabama law, birth certificates are confidential records with restricted access for 125 years from the date of birth. They may be obtained by the following persons, upon payment of the proper fee:

Person Named on the Certificate, Mother/Father of Person Named on Certificate
Husband/Wife of Person Named on Certificate, Son/Daughter of Person Named on Certificate
Sister/Brother of Person Named on Certificate

If you are not one of the authorized individuals above, such as a grandparent, one of the above individuals MUST give you written and signed permission to obtain a Keepsake Birth Certificate. The permission MUST accompany this request form and the required fee.

The fee to search for and provide one copy of a Keepsake Birth Certificate is **\$45.00**. Make check or money order payable to "State Board of Health." **FEES ARE NON-REFUNDABLE.** If the record is not located, you will receive a Certificate of Failure to Find but will still be responsible for the \$15.00 fee to search for the record. Each Keepsake Birth Certificate requested is \$45.00 even if it is for the same child.

YOU MUST PROVIDE ALL INFORMATION BELOW AND SIGN THE **APPLICANT SECTION** OR YOUR REQUEST CANNOT BE PROCESSED. **DO NOT USE THIS FORM to order legal certified copies of birth certificates.**

For additional information/questions call 334.206.5418 or visit our website at: www.adph.org/vitalrecords

**MAIL COMPLETED FORM AND FEE TO:
ALABAMA CENTER FOR HEALTH STATISTICS
P.O. BOX 5625
MONTGOMERY, ALABAMA 36103-5625**

BIRTH:

Number of Copies Requested _____ Amount Enclosed \$ _____

Please indicate the design you would like: _____ Kites _____ Bunnies _____ Nature

FULL NAME AS ON BIRTH CERTIFICATE _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ SEX _____

COUNTY OF BIRTH _____ HOSPITAL _____

FULL MAIDEN NAME OF MOTHER _____
FIRST MIDDLE LAST

FULL NAME OF FATHER _____
FIRST MIDDLE LAST

APPLICANT SECTION (THIS SECTION MUST BE COMPLETED)

Anyone falsely applying for a record that is restricted by law is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. Code of Ala. 1975, § 13A-10-109. **By signing, you are certifying you have a legal right to the record requested.**

YOUR SIGNATURE _____ DATE _____

PRINT YOUR NAME _____ DAY TIME PHONE (_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Your Relationship to Person Whose Record is Being Requested _____

I allow the following individual to order the Keepsake Birth certificate(s): _____