USE ONLY FOR A VITAL EVENT WHICH OCCURRED IN ALABAMA

The fee for a birth, death, marriage or divorce record search is \$15.00, which includes the cost of one certified copy OR Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$6.00 each. For information on how to expedite a document, call 334-206-5418. Amendments, adoptions, legitimations, and delayed certificates must be processed through the Center for Health Statistics. The fee is \$20.00 to amend a record or file a delayed certificate which also covers the cost of one certified copy of the record. The fee is \$25.00 to prepare a new certificate of birth after adoption or legitimation which also covers the cost of one certified copy of the record. Make check or money order payable to the "State Board of Health." Fees are non-refundable. Do not request two different types of certificates on the same form. PRINT ALL INFORMATION LEGIBLY. You must complete & sign the applicant section or your request cannot be processed.			
Alabama Department of Public Health, Center for Health Statistics, P.O. Box 5625, Montgomery, Alabama 36103-5625 For information on ordering a vital record via the Internet, visit our web site at: http://www.adph.org			
APPLICANT SECTION (THIS SECTION MUST BE COMPLETED) Birth certificates less than 125 years old and death certificates less than 25 years old are restricted records. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (§ 22-9A-21). Anyone falsely applying for a record 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		Address	
City	y State Zip Daytime Phone ()		
Your Relationship to Person Whose Record is Being Requested			
Reason for Request (if not immediate family)			
I allow the following individual to pick up the certificate(s)			
BIRTH:	NUMBEF	R OF COPIES	AMOUNT PAID \$
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
DEATH:		R OF COPIES	
LEGAL NAME OF DECEASED			
	FIRST	MIDDLE	LAST
DATE OF DEATH	COUNTY OF DEATH		SEX
SSN	DATE OF BIRTH OR AGE RACERACE		
NAME OF SPOUSE	FIRST	MIDDLE	LAST
NAME OF PARENTS			
STARTING WITH 1991 DEATHS, CERTIFICATES MAY BE ISSUED WITHOUT A CAUSE OF DEATH. Indicate the number of copies of each type of certificate you want:WITH CAUSE OF DEATHWITHOUT CAUSE OF DEATH			
	CE: NUMBER	R OF COPIES	AMOUNT PAID \$
FULL NAME OF HUSBAND	FIRST	MIDDLE	LAST
FULL MAIDEN NAME OF WIFE			
	FIRST	MIDDLE	LAST
DATE OF MARRIAGE	(OR) DA ⁻	TE OF DIVORCE	
IF MARRIAGE, COUNTY WHERE LICENSE WAS ISSUED			
IF DIVORCE, COUNTY OF DIVORCE			
COUNTY REGISTRAR USE: This application has been reviewed for the individual's right to receive the requested document(s).			
County Registrar's Signature		Date	County Health Department Receipt Number

Informational materials in alternative formats will be made available upon request.