

STATE OF MARYLAND

DEPARTMENT OF HEALTH & MENTAL HYGIENE
DIVISION OF VITAL RECORDS
6550 REISTERTOWN ROAD
BALTIMORE, MD 21215

QUEEN ANNE'S COUNTY
DEPARTMENT OF HEALTH
206 N. COMMERCE STREET
CENTREVILLE, MD 21617

When applying in person, make check or money order payable to:

Queen Anne's County Department of Health

APPLICATION FOR A COPY OR ABSTRACT OF BIRTH CERTIFICATE

PLEASE PRINT

DATE: _____

Full Name at Birth _____
(First) (Middle) (Last)

Date of Birth _____ Sex _____
(Month) (Day) (Year)

Age Last Birthday _____ Certificate Number (If Known) _____

Place of Birth _____ County _____

Name of Hospital (If Known) _____

Full Name of Father _____

Full Maiden Name of Mother _____

Your Relationship to Person on Certificate _____

Note: You may apply in person with required ID and a non-refundable \$30.00 fee for each certificate obtained at the Queen Anne's County Department of Health. Currently birth records are on file from the year 1939 forward. You may apply in person or by mail with a copy of acceptable ID to the Division of Vital Records for a fee of \$24.00 made payable to DVR accompanied by DVR's application for the year 1939 and prior. DO NOT SEND CASH. Birth records are on file beginning 1875 for Baltimore City and 1898 for Maryland Counties. For County birth records prior to 1898 contact the Maryland State Archives.

IMPORTANT: PLEASE INDICATE IN THE BOX BELOW THE NUMBER OF CERTIFIED COPIES REQUESTED: THIS CERTIFICATE CAN BE USED FOR ALL PURPOSES.



APPLICANT'S NAME (Print) _____

APPLICANT'S SIGNATURE _____

MAILING ADDRESS _____

CITY AND STATE _____

ZIP CODE _____ TELEPHONE # _____

*Any person who willfully uses or attempts to use the requested certificate (s) for fraudulent or deceptive purposes is guilty of misdemeanor and on conviction is subject to a fine not exceeding \$500.00 in accordance with MD Health-General Article. Annotated Code. Section 4-227.

Administrative Use only:
PAID: CASH ___/CHECK# ___/CC ___
CERTIFICATE#: ___ or DVR ___
VOUCHER#: ___
DRIVER'S LIC# (if check): ___
INITIALS OF PERSON ISSUING _____