

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

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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 \$20.00 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 \$12.00 made payable to DVR accompanied by DVR's application. 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\_\_\_\_\_