REQUEST FOR CERTIFIED COPY OF A BIRTH RECORD

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 8140 (07-2019)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name on Birth Record *(If adopted, list adoptive name)*	2. Sex ☐ Male ☐ Female
3. Date of Birth or Death (Month, Day, Year)	4. Place of Birth or Death (City, Township or County)
5. Full Name of Father (First, Middle, Last) *(If adopted, list adoptive father/parent name)*	
6. Full Name of Mother (First, Middle, **Maiden**) *(If adopted, list adoptive mother/parent name)*	
7. Number of Certified Copies Requested **($15.00 per copy requested)** _____ Certified (For all official purposes, including U.S. Passport, Driver's License, etc.) _____ Genealogy (For researching family history - not available for births occurring after 2005)	8. Fees: **(Check or Money Order)** **$ _____ .00**

9. Your Relationship to Person on Line 1*

☐ Self (must be 16 or older) ☐ Mother/Father ☐ Public (Only if record is over 125 years old) ☐ Authorized Rep (include court order)
☐ Legal Guardian (must include guardianship papers - Social Services must also include employment photo ID)

* If individual on line #1 is *deceased* and you are the

☐ spouse, ☐ parent, ☐ child, ☐ grandparent, or ☐ grandchild, you may request birth record.

You must include a certified copy of the death record.

Requestor Signature	Date
Requestor Printed Name	Daytime Telephone Number **( )**
Mailing Address	Apartment Number
City / State	ZIP Code

Shipping Options: (First Class Mail is the no cost default)

☐ First Class Mail - (Free) ☐ FedEx - $16 (Add $6 for AK or HI) ☐ UPS - $16 ☐ Waive Signature for FedEx or UPS Delivery

IDENTIFICATION REQUIRED *- All applicants must submit A) One **Primary** form of ID;* **OR** *B) Two **Secondary** forms of ID;* **OR** *C) Submit a **Notarized** application. (Choose A or B or C) - Acceptable forms of identification listed on back of the form)*

Date Subscribed and Sworn Before Me	SEAL
Signature of Notary Public	
My Commission Expires	

Warning *- NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.*

PLEASE DO NOT ENTER ANYTHING BELOW THE LINE - THIS PORTION FOR OFFICIAL VITAL RECORDS OFFICE USE ONLY

Identification Verified	Fee Received

INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF A BIRTH RECORD

The Division of Vital Records can issue copies of birth certificates only for births that occurred in North Dakota. We have records on file starting with 1870 to the present.

Proof of identification must be submitted before we can issue a certified copy of a birth record. Proof of identification can be established by having this form **NOTARIZED** in the space provided on the front, or by submitting a legible photocopy of **ONE** of the following **PRIMARY** forms of identification:

1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issued Passport or Visa
5. US Government issued Permanent Resident Card

If you cannot provide one of the primary forms of identification listed above, proof of identity can still be established by submitting a legible photocopy of **TWO** of the following **SECONDARY** forms of identification:

1. Social Security Card
2. Medicare/Medicaid Card
3. Utility bill with the current address (within the last three months)
4. Bank Statement with the current address (within the last three months)
5. Pay Stub (within the last three months) or W-2 (issued for the previous tax year)
6. Motor Vehicle Registration Card for the current year with the current address

The fee for a search of the files is $15; one search fee pays for one certified copy. Please make your check or money order payable to North Dakota Department of Health. We will issue a certified raised-seal paper copy for each copy requested.

Once received in our office, copies are usually mailed in 3 to 5 business days **(this does not include the mailing time).** Copies to be sent by Federal Express or UPS are processed the same day, provided the request is in our office by 10:00 a.m. Central Time.

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through **Federal Express** for an **additional $16.00** (add $6 for delivery to Alaska or Hawaii) or **UPS** for an **additional $16.**

This form may be completed and **mailed** with fees to:

ND Department of Health
Division of Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

Our web page is at: www.health.nd.gov/vital

For questions, call our office at (701) 328-2360 or e-mail us at vitalrec@nd.gov.