

UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS  
**SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT**  
**APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE**

**INFORMATION**

Certificates for births that occurred in Southwest Utah Public Health District since 1969 are on file in this office.

**WARNING**

It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6.

**INSTRUCTIONS**

1. An application must be completed for each birth requested. **Pictured ID is required to obtain a birth certificate.**
2. There is a fee of \$15.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Bring completed application to your local health dept. or send it with an easily identifiable photocopy of the **front** and **back** of your ID and the required fee (checks or money orders made payable to Vital Records) to Southwest Utah Public Health Department, 168 North 100 East, St. George, Ut 84770 (435-673-3528)
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.
5. **When you receive your birth certificate(s) please take the time to review the entire record for accuracy.** Your copy can only be replaced within 90 days from the issuance date.

**IDENTIFYING INFORMATION**

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (City) \_\_\_\_\_ (County) \_\_\_\_\_ (Hospital) \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BIRTHPLACE OF FATHER \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BIRTHPLACE OF MOTHER \_\_\_\_\_

**APPLICANT**

RELATIONSHIP: **I am:** (Please circle one) Self    Mother    Father    Sibling    Spouse    Child    Grandparent    Grandchild

Other (Specify) \_\_\_\_\_

Reason for requesting certificate: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Address \_\_\_\_\_

(City, State & Zip)

**NUMBER OF CERTIFIED COPIES REQUESTED**

**(If this request is to be mailed, please PRINT the name and mailing address below)**

  1   Circle **only** one, Certified Copy **OR** Birth Card    \$ 15.00 +

     Additional Certified Copies (\$8.00 each)    \$ \_\_\_\_\_ +

     Additional Birth Cards (\$8.00 each)    \$ \_\_\_\_\_ +

     Expedite Fee (\$10.00)    \$ \_\_\_\_\_ +

\_\_\_\_\_ **TOTAL FEE**    \$ \_\_\_\_\_

Vital Records Label Only  
Request # \_\_\_\_\_

**Method of payment: / / CHECK / / CASH**

**Make Check Payable to (VITAL RECORDS)**

**Certified Paper**

# \_\_\_\_\_

**Clerks Initials** \_\_\_\_\_

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<p>Vital Records Use Only</p>
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**UTAH DEPARTMENT OF HEALTH  
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**FEE SCHEDULE**

Fees Effective  
July 1, 2003

Search and issuance of certified copy of certificate of <b>Birth , Voluntary Declaration of Paternity</b> or certificate of search from 1905.	\$ 15.00
Five years centered on requested year: . . . . .	\$ 15.00
Each additional five-years: . . . . .	\$ 15.00
<b>Heritage birth certificate</b> .....	\$22.00
Search and issuance of certified copy of certificates of <b>death, fetal death, acknowledgment of paternity,</b> or certificate of search: . . . . .	\$ 13.00
<b>Burial Transit Permit</b> .....	\$ 5.00
Search <b>Paternity Registry</b> .....	\$ 9.00
Certification of <b>divorce, or marriage (1978-2002)</b> (abstract of information only) . . . . .	\$ 9.00
<b>Amendments</b> to correct information after one year of event or <b>court order</b> changes to vital records: . . . . . (includes one certified copy)	\$ 20.00
Registration and/or preparation and certified copy of <b>delayed birth certificate, or stillbirth certificate, a new birth certificate</b> after <b>adoption, legitimation, or adjudication of</b> <b>paternity</b> (includes one certified copy): . . . . .	\$ 40.00
<b>Duplicate copies</b> requested with initial search: . . . . .	\$ 8.00
<b>Expedite fee</b> for same day service . . . . . (Mail and credit card phone orders only)	\$ 10.00
<u>SPECIAL HANDLING FEES</u> (in addition to the fees listed above)	
<b>Death certificate replacement fee</b> .....	\$ 1.00

(Per copy within 90 days)

**Credit card orders** (phone only: 801-538-6380).....\$15.50  
(This includes an expedite fee for same day service and Vitalchek fee)

**Express Mail or Federal Express** handling ..... Current  
(according to the type of service requested) ..... Fee

**Note: If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.**