

MONTANA VITAL RECORDS
111 N SANDERS RM 6 / PO BOX 4210
HELENA, MONTANA 59604-4210
Phone: 406-444-2685

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER A BIRTH CERTIFICATE?

Only those authorized by 50-15-121 MCA and 37.8.126 ARM, which includes the registrant (14 years old or older), the registrant's spouse, children (with proof of relationship), parents, grandparents (with proof of relationship), a caretaker relative, guardian, an authorized representative, or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights. Proof of relationship, guardianship, caretaker relative, or authorization is required to obtain a certified copy of a birth record.

Step-relatives, in-laws, aunts, uncles, cousins, ex-spouses, and a natural parent of an adoptive child are not eligible to receive a certified copy of a birth certificate.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

Suggested Identification

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature		OR
<ul style="list-style-type: none"> • Driver's License • State ID Card • Passport • Military ID Card • Tribal 	<ul style="list-style-type: none"> • Social Security Card • Work ID Card • Car registration/Insurance • Doctor/Medical record • Fishing License • US Military DD214 • Utility Bill with a current address • Voter Registration Card 	<ul style="list-style-type: none"> • Credit/Debit/ATM Card • School ID Card • Library Card • Insurance Record • Pay Stub • Traffic/ Pawn ticket • Court record • Year Book 	<ul style="list-style-type: none"> • Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy) • Have an authorized family member that has an ID order the certificate

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies of **both sides** of the ID when mailing your request. **IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.**

FEE (All fees must be U.S. funds)

- **CERTIFIED COPIES OF A BIRTH CERTIFICATE** cost \$12.00 for the first copy, \$5.00 for each additional copy of the same record. **(non-refundable)**
- **INFORMATIONAL COPIES OF A BIRTH CERTIFICATE** may be issued to anyone as long as the birth occurred 30 years prior to the date of application, **the cost is \$10.00. (non-refundable)**
- **CERTIFIED COPIES OF DOCUMENTS** on file with the state (i.e. Acknowledgment of Paternity, correction affidavits), **the cost is \$12.00 (non-refundable)**
- **SEARCHES:** \$10.00 for the first 5 years searched, then \$1.00 per year over the first five years per name requested. (An informational copy will be issued if record is found) **(non-refundable)**

Please Make CHECKS Payable To: MONTANA VITAL RECORDS

Please complete the following information.

FULL First, Middle and Last Name on Birth Certificate: _____

Has name ever been changed other than marriage No Yes If so, original name: _____

Date of Birth: _____ Place of Birth (City or County): _____ Gender of Child: _____

Mother's **Full Maiden** Name: _____

Father's Full Name: _____

Your relationship to the certificate holder: _____ (self, mother, father etc.) _____ # of copies needed

Reason Birth Certificate is needed: _____

Mailing or Delivery Address:

Name: _____

Address: _____ City, State, Zip: _____

Daytime Telephone Number: _____ Signature of Applicant: _____

Email Address: _____

Notary (For use if needed) Verification of Signer's ID Is Mandatory

State of _____
 County of _____

This record was signed and sworn to (or affirmed) before me on _____ by _____
 (Date)

 (Name of Signer)

 (Notary's Signature)

[Official Stamp]

Official Use Only	
Date	_____
Rec#	_____
Amount	_____
Cert #	_____
Ser #	_____
Comment	_____

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)