APPLICATION FOR CERTIFIED COPY OF KANSAS BIRTH CERTIFICATE

BIRTH CERTIFICATES ARE ON FILE FROM JULY 1, 1911 TO PRESENT

(PLEASE PRINT)

\$12.00 FOR ONE CERTIFIED COPY OR WALLET SIZE AND \$7.00 FOR EACH ADDITIONAL CERTIFIED COPY OR CARD OF THE SAME RECORD

PLACE OF BIRTH CITY COUNTY STATE (MUST BE KANSAS) HOSPITAL MOTHER'S NAME FIRST MIDDLE MAIDEN FATHER'S NAME FIRST MIDDLE LAST COMPLETE ONLY IF PERSON NAMED ON CERTIFICATE HAS BEEN ADOPTED (SEE REVERSE SIDE) ADOPTED? YES NO SIS request for record before adoption? YES NO SORIGINAL NAME, IF KNOWN YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST) YOUR NAME (PLEASE PRINT) YOUR MAILING ADDRESS	NUMBER OF C	ERTIFICATES RE	QUESTED	FEE INFORMATION ON REVERSE SIDE	
PRESENT AGE OF THIS PERSON RACE DATE OF BIRTH	CERTIFIEI	O COPIES _			TOTAL FEE
PRESENT AGE OF THIS PERSON RACE DATE OF BIRTH	NAME ON CERTIFICATE	E			
MONTH DAY YEAR DATE OF DEATH, IF APPLICABLE SEX: M F PLACE OF BIRTH		FIRST	MI	DDLE	LAST
PLACE OF BIRTH CITY COUNTY STATE (MUST BE KANSAS) HOSPITAL MOTHER'S NAME FIRST MIDDLE MAIDEN FIRST MIDDLE LAST COMPLETE ONLY IF PERSON NAMED ON CERTIFICATE HAS BEEN ADOPTED (SEE REVERSE SIDE) ADOPTED? YES NO SET INCLUDE A COPY OF PHOTO ID WITH THIS FORM OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST) YOUR NAME (PLEASE PRINT) YOUR MAILING ADDRESS CITY STATE ZIP CODE (We ask this so that we can provide appropriate service for your needs) YOUR DAYTIME TELEPHONE NUMBER YOUR SIGNATURE (REQUIRED) (SEE REVERSE SIDE FOR ELIGIBILITY REQUIREM TODAY'S DATE	DATE OF BIRTH		PRESENT AG	E OF THIS PERSO	N RACE
CITY COUNTY STATE (MUST BE KANSAS) HOSPITAL MOTHER'S NAME	MONT	n DAI IEAN		TH, IF APPLICAB	BLE SEX: M F
MOTHER'S NAME FIRST MIDDLE MAIDEN FATHER'S NAME FIRST MIDDLE LAST COMPLETE ONLY IF PERSON NAMED ON CERTIFICATE HAS BEEN ADOPTED (SEE REVERSE SIDE) ADOPTED? YES NO SIS request for record before adoption? YES NO SIGNAL NAME, IF KNOWN YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST) YOUR NAME (PLEASE PRINT) YOUR MAILING ADDRESS CITY STATE ZIP CODE (We ask this so that we can provide appropriate service for your needs) YOUR DAYTIME TELEPHONE NUMBER YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (REQUIRED) (SEE REVERSE SIDE FOR ELIGIBILITY REQUIREN YOUR SIGNATURE (REQUIRED) TODAY'S DATE	PLACE OF BIRTH				
FATHER'S NAME FIRST MIDDLE LAST COMPLETE ONLY IF PERSON NAMED ON CERTIFICATE HAS BEEN ADOPTED (SEE REVERSE SIDE) ADOPTED? YES NO SIS request for record before adoption? YES NO SIGNIAL NAME, IF KNOWN YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST) YOUR NAME (PLEASE PRINT) YOUR MAILING ADDRESS CITY STATE ZIP CODE (We ask this so that we can provide appropriate service for your needs) YOUR DAYTIME TELEPHONE NUMBER YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (REQUIRED) (SEE REVERSE SIDE FOR ELIGIBILITY REQUIREN TODAY'S DATE		CITY	COUNTY	STATE (MU	JST BE KANSAS) HOSPITAL
FATHER'S NAME FIRST MIDDLE LAST COMPLETE ONLY IF PERSON NAMED ON CERTIFICATE HAS BEEN ADOPTED (SEE REVERSE SIDE) ADOPTED? YES NO SIS request for record before adoption? YES NO SIGNIAL NAME, IF KNOWN YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST) YOUR NAME (PLEASE PRINT) YOUR MAILING ADDRESS CITY STATE ZIP CODE (We ask this so that we can provide appropriate service for your needs) YOUR DAYTIME TELEPHONE NUMBER YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (REQUIRED) (SEE REVERSE SIDE FOR ELIGIBILITY REQUIREN TODAY'S DATE	MOTHER'S NAME				BIRTHPLACE
COMPLETE ONLY IF PERSON NAMED ON CERTIFICATE HAS BEEN ADOPTED (SEE REVERSE SIDE) ADOPTED? YES NO SIS request for record before adoption? YES NO SIGNAL NAME, IF KNOWN YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST) YOUR NAME (PLEASE PRINT) YOUR MAILING ADDRESS CITY STATE ZIP CODE (We ask this so that we can provide appropriate service for your needs) YOUR DAYTIME TELEPHONE NUMBER YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (REQUIRED) (SEE REVERSE SIDE FOR ELIGIBILITY REQUIREM TODAY'S DATE	F	IRST MID	DDLE	MAIDEN	
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YOUR SIGNATURE (REQUIRED) TODAY'S DATE	YOUR RELATIONSHIP T	O PERSON NAMEI	ON CERTIFICATI	·	
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT	YOUR SIGNATURE (REC	QUIRED)			
CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS MAILING ADDRESS: OFFICE OF VITAL STATISTICS 1000 SW JACKSON, SUITE 120 TOPEKA, KS 66612-2221 WALK-IN CUSTOMER SERVICE HOURS: 9:00 - 4:00, MONDAY - FRIDAY	MAILING ADDRESS:	CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS OFFICE OF VITAL STATISTICS 1000 SW JACKSON, SUITE 120 TOPEKA, KS 66612-2221			

PLEASE ENCLOSE A BUSINESS SIZE SELF-ADDRESSED STAMPED ENVELOPE.

<u>IDENTIFICATION</u>

ID IS REQUIRED OF PERSON COMPLETING FORM

Due to identity theft and other fraudulent use of vital records, acceptable ID is limited. DO NOT send original ID with application

YOU MUST PROVIDE A PHOTOCOPY OF A GOVERNMENT (STATE OR FEDERAL) ISSUED PHOTO ID. THIS CAN BE ISSUED BY THE U.S. OR OTHER COUNTRY OF RESIDENCE.

ACCEPTABLE IDENTIFICATIONS INCLUDES:

Photocopy of Driver's License Photocopy of Passport or Visa Photocopy of State ID Card Photocopy of Military ID

IF YOU DO NOT HAVE A GOVERNMENT ISSUED PHOTO ID, YOU MUST SEND PHOTOCOPIES OF ANY

TWO OF THE FOLLOWING:

Social Security Number Utility Bill With Current Address

Bank Statement With Current Address
Car Registration or Title With Current
Pay Stub (must include your name, social security number plus name and address of business)

Address

FEE INFORMATION

K.A.R. 28-17-6 requires the following fee(s).

The correct fee must be submitted with the request. The fee for certified copies of birth certificates is \$12.00 for one certified copy or wallet size (see information on cards below) and \$7.00 for each additional certified copy or card of the same record ordered at the same time. This fee allows a 5-year search of the records, including the year indicated plus two years before and two years after, or you may indicate the consecutive 5-year period you want searched. You may specify more than one 5-year span, but each search cost \$12.00

IF THE CERTIFICATE IS NOT LOCATED, A \$12.00 FEE MUST BE RETAINED FOR THE RECORD SEARCH.

Make checks or money orders payable to **KANSAS VITAL STATISTICS**. For your protection, **do not send cash**

Fees expire 12 months from the date of the request.

MULTIPLE REQUESTS FOR DIFFERENT RECORDS MAY BE HANDLED AND MAILED SEPARATELY.

WALLET SIZE CARDS

Wallet size cards may <u>not</u> be acceptable identification for passports, travel, social security, school enrollment or driver's license.

NOTE: The wallet size card does not contain parental information or an embossed seal (contains ink seal only).

ELIGIBILITY

By state law, vital records filed with this office are not open for public inspection and the requestor must meet eligibility requirements -- must be named on the record, an immediate family member, or someone who can provide legal proof the record is necessary for the determination of personal or property rights. [K.S.A. 65-2422d]

If legal guardianship has been established through the courts, please provide copy of guardianship papers.

ADOPTION

When an adoption has occurred, the biological family may not have a legal right to the adoptee's record nor may the adoptee have a legal right to the biological family's records.

WEBSITE

For additional information, please access the web site at: http://www.kdhe.state.ks.us/vital

WARNING: COPYING OR ALTERING PROHIBITED

Except as authorized by the Uniform Vital Statistics Act, no person shall prepare or issue any certificate (vital record) which purports to be an original, certified copy or copy of a certificate [K.S.A. 65-2422d.(g)]. Any person who willfully makes or alters any certificate or certified copy, except as authorized by the Uniform Vital Statistics Act, shall be fined or imprisoned, or both. [K.S.A. 65-2434.(1)].