

COMMONWEALTH OF KENTUCKY  
STATE REGISTRAR OF VITAL STATISTICS

**APPLICATION FOR BIRTH CERTIFICATE**

**Please Print Or Type All Information Required On This Form**

Name on Certificate \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Kentucky County of Birth \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Hospital \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant) Phone: \_\_\_\_\_  
(Area Code) (Number)

Relationship To Person Named On Certificate \_\_\_\_\_

**A \$10.00 fee must accompany this application.**  
KRS 213.141 mandates that \$3.00 of this fee be used toward the prevention of child abuse and that \$1.00 of this fee be used to provide coverage for inherited metabolic disease products for uninsured children.

Office Use Only	
Vol	_____
Cert	_____
Year	_____
Date	_____
Initials	_____

The \$10.00 fee cannot be returned if the certificate is not found. If the certificate is on file you will receive one copy. Additional copies are \$10.00 each. Make check or money order payable to **"Kentucky State Treasurer"**. When complete, mail the entire form to: **Vital Statistics, 275 East Main 1E-A, Frankfort, Kentucky 40621.**

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Certified Copies - \$10.00 Each Copy – Number of copies desired \_\_\_\_\_

**Name and Mailing Address Required**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have not received your certificate(s) within 30 working days from the postmarked date of mailing, please contact the Office of VITAL STATISTICS at: 502-564-4212**

Applicant's Phone \_\_\_\_\_  
(Area Code) (Number)