

WEBER-MORGAN HEALTH DEPARTMENT

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Certificates can be purchased for records in Ogden City limits from 1890, Weber County from 1958, Morgan County from 1993, Utah State from 1975, and all of Utah County. Other Utah records can be purchased for an additional fee and processing time. **WARNING:** It is a criminal violation to make false statements on vital records applications or to fraudulently obtain a certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison.

File Number _____
 " Pick Up " Mail

INSTRUCTIONS

1. **Ogden records before 1955 require 24 working hours to process.**
2. Complete a separate application for each person. **Valid picture ID of applicant is required.**
3. There is a fee of \$15.00 for each 5-year search of our files if the exact date is not known. Extra certified copies of this record ordered at the same time are \$8.00 each.
4. Window hours are 8:30 am to 4 pm weekdays except holidays, or mail a completed application with an easily identifiable photocopy of the front and back of the applicant's valid ID and correct fee to Weber County Health Dept., Vital Records, 477 23rd Street, Ogden, Utah 84401. **Make checks and money orders to WMHD.** For questions call: 801-399-7130. ***See mailing information below.**
5. If the applicant does not respond to a written request from this Office within 90 days, Vital Records may retain all monies paid.
6. **Please review the documents entirely for accuracy when you receive them.** Copies can only be replaced within 90 days from the issuance date. Other fees and processing time may apply.

IDENTIFYING INFORMATION

FULL NAME ON CERTIFICATE _____

DATE OF BIRTH _____ Hospital _____

PLACE OF BIRTH (City) _____ (County) _____

FULL NAME OF MOTHER BEFORE ANY MARRIAGES _____

BIRTH STATE OF MOTHER _____ BIRTH DATE _____

FULL NAME OF FATHER _____

BIRTH STATE OF FATHER _____ BIRTH DATE _____

APPLICANT (Valid picture ID is required)

(Please circle one) I am: Self / Mother/ Father/ Sibling /Spouse/ Child/ Grandparent/ Grandchild/ other: _____

Reason for requesting certificate: _____

Your Signature _____ Date _____

Complete Mailing Address _____

Clearly Print Your Name _____ Your Telephone _____

CERTIFICATES AND SERVICES REQUESTED

_ 1 Regular Certificate	\$ 15.00	+	
_ Additional Copies \$8.00 each	\$ _____	+	
_____	\$ _____		
_____	\$ _____	=	
" Cash " Check /MO	TOTAL FEE		\$ _____

***** OTHER FEES MAY APPLY *****

If mailing to other than applicant, write name and mailing address below. In-office processing time is about 48 working hours. We have no control over mail service time. If there are problems with the request, record, or fee there may be additional fees and processing time.

Clerks initials _____

Req.# _____ Paper # _____
 477BCapp