



**Vital Records Offices**

*Open Monday–Friday*

**City Clinic:** 610 South 200 East; Salt Lake City, UT 84111; 385-468-4230

**Southeast Clinic:** 9340 South 700 East; Sandy, UT 84070; 385-468-4329

**Shipp Clinic:** 4535 South 5600 West; West Valley City, UT 84120; 385-468-3712

### Birth Certificate Request Form

*Certificates available: Salt Lake City births from 1890–present; Utah births from 1951–present*

**Full Name on Record:** \_\_\_\_\_  
First Middle Last

**Date of Birth:** \_\_\_\_\_ **City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Mother’s Full Maiden Name:** \_\_\_\_\_  
First Middle Last

**Mother’s Birthdate:** \_\_\_\_\_ **Mother’s Birthplace:** \_\_\_\_\_

**Father’s Full Name:** \_\_\_\_\_  
First Middle Last

**Father’s Birthdate:** \_\_\_\_\_ **Father’s Birthplace:** \_\_\_\_\_

*Note: Photo identification is required. If submitting by mail, please include a copy of both sides of your identification. Certificates may be ordered by the named individual or by his or her parent, sibling, current spouse, child, grandparent, or grandchild. Otherwise, proof of legal need is required. Records may be requested by the general public 100 years or more after the date of birth. It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a record.*

**First certified copy: \$18.00**  
**Each additional certified copy (ordered at the same time): \$8.00**  
Make checks payable to **SLVHD Vital Records**. Fees are subject to change.

**Please review the certificate for accuracy;** copies will only be replaced within 90 days of the issue date.  
If the requestor does not respond to a written notice from Vital Records within 90 days, SLVHD may retain all monies paid.

### Individual Making Request

**Name:** \_\_\_\_\_ **Daytime telephone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State ZIP

**Relationship to individual on certificate:** Self Parent Sibling Spouse Child Grandparent Grandchild

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only*

**Payment Method:** Cash    Check    Credit  
(in person only)

**Clerk:** \_\_\_\_\_

**Paper numbers:** \_\_\_\_\_

\_\_\_\_\_

**Identification provided:** \_\_\_\_\_

**Number of Certified Copies Requested**

  1   Certified copy:                      \$ 18.00

\_\_\_\_\_ Additional copies x \$8.00 each: \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

