

WEBER-MORGAN HEALTH DEPARTMENT
OFFICE OF BIRTH AND DEATH RECORDS
REQUEST FOR CERTIFIED BIRTH CERTIFICATE

Certificates can be purchased for records in Ogden City limits from 1909, Weber County from 1958, all of Utah County, all of Utah from 1951 to present, and other Utah years may be available, please ask. **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 Call When Ready

INSTRUCTIONS

ID # _____

- Complete an application for each person. **VALID PICTURE ID OF PERSON APPLYING IS REQUIRED.** Must show either a state issued ID with signature, or two other proofs (see acceptable ID list).
- There is a fee of \$18.00 for one certificate, or 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. Request's for book copies are \$21.00.
- Public window hours are 8:00 am to 6 pm Monday through Thursday and 8:00 am to 5:00 pm on Friday. If ordering by mail, submit a completed application, easily identifiable photocopy of the front and back of your valid picture ID, and the required fee to Weber Morgan Health Dept., Vital Records, 477 23rd Street, Ogden, Utah 84401. **Make checks and money orders to WMHD, Credit cards orders can not be accepted by mail.** For questions call: 801-399-7130. *See mailing information below.
- If requestor does not respond to a written request from this Office within 90 days, we may retain all monies paid.
- 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.

INFORMATION TO IDENTIFY THE RECORD

FIRST, MIDDLE, AND LAST NAME ON RECORD _____

DATE OF BIRTH _____ PLACE OF BIRTH (city) _____ (County) _____ (Hospital) _____

First and **MAIDEN** NAME OF MOTHER (before any marriages) _____

BIRTHPLACE OF MOTHER _____ Birth Date _____

FULL NAME OF FATHER _____ Birth Date _____

BIRTHPLACE OF FATHER _____ Birth Date _____

REQUESTOR → Valid picture ID of this person is required- see back of form

Relationship: (Circle one) I am: Self Mother Father Sibling Spouse Child Grandparent Grandchild Other: _____, Specify reason for requesting certificate:

Clearly Print Your Name _____ Telephone Number _____

Your Address _____

(City) (State) (Zip Code)

Your Signature _____ Date _____

CERTIFICATES AND SERVICES REQUESTED

1 Certified Copy \$ 18.00

___ Additional Copies (\$8.00 each) \$ _____

___ Book Copy (\$21.00) \$ _____

TOTAL \$ _____

Cash Check/MO Credit/Debit
Credit card orders can not be accepted by mail

OTHER FEES MAY APPLY

If mailing to other than requestor, write name and mailing address below. In-office processing time is less than one week. 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.

Req.# _____ Paper # _____

051309BCAPP

Clerk Initials _____