

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

FILE NUMBER: _____
 Pick up Mail Call when ready

AVAILABLE: Certificates can be purchased for records in Ogden City limits from 1909, Weber County from 1958, all of Utah County and all other counties in the state of Utah from 1951 to present. Other 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 and 5 years in prison.

INSTRUCTIONS

I.D. # _____

Person applying must show a valid, government-issued picture I.D. with signature OR two other proof of (see acceptable I.D. list).

1. Complete an application for each person.
2. There is an \$18 fee for one certificate or 5-year search of our files if the exact date of birth is not known. Additional certified copies of each record are \$8 each. Book copies are \$21.
3. Public window hours are 8 a.m.-6 p.m., Mondays through Thursdays, and 8 a.m.-5 p.m. on Fridays. If ordering by mail, submit a completed application, easily identifiable photocopy of the front and back of your valid picture I.D., and the required fee to Weber-Morgan Health Department, Vital Records, 477 23rd Street, Ogden, UT 84401. Make checks payable to WMHD, Credit card orders are not accepted by mail. For questions, call 801-399-7130. *See mailing information below.
4. If you do not pick up your order within 90 days, WMHD retains all monies paid.
5. Please review your documents for accuracy when you receive them. Copies can only be replaced without charge within 90 days of the issuing date. Other fees for 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 marriage) _____

MOTHER'S BIRTHPLACE _____ BIRTH DATE _____

FATHER'S FULL NAME _____

FATHER'S BIRTHPLACE _____ BIRTH DATE _____

REQUESTOR

Relationship (circle one) I am: Self Mother Father Sibling Spouse Child Grandparent Grandchild Other _____ (Specify)

Clearly Print Your Name: _____ Telephone # _____

Your Address: _____ (City) _____ (State) _____ (Zip) _____

Your Signature: _____ Date: _____

CERTIFICATES AND SERVICES REQUESTED

1 Certified Copy \$18.00 +

_____ Additional Copies (\$8.00) \$ _____ +

Cash Check/Money Order Credit/Debit
(Credit card orders cannot be mailed)

*If mailing to other than requestor, write name and address below. In-office processing time is less than one week. We have no control over mail service. If there are other problems, there may be additional charges for other fees and processing services.

Requisition # _____ Paper # _____

Clerk Initials _____