



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF BIRTH  
(La versión en español al reverso de la página)

Date: \_\_\_\_\_

Full name on birth certificate: \_\_\_\_\_  
First Middle Last Name

Indicate number of each type of certificate desired and enclose appropriate fee:

Has the name ever been changed other than by marriage?  Yes  No

If yes, what was original name? \_\_\_\_\_

\_\_\_ Long form- \$15.00 first copy. Additional Copies of same record purchased at the same time-\$15.00 each

Date of birth: \_\_\_\_\_ Sex: Male or Female  
Month Day Year

Place of birth: \_\_\_\_\_  
City County State

Hospital where birth occurred: \_\_\_\_\_

\_\_\_ Certified Copy of Voluntary Acknowledgement of Paternity \$5.00 each

Full name of father: \_\_\_\_\_

Full maiden name of mother: \_\_\_\_\_

Last name of mother at time of birth: \_\_\_\_\_

Next older brother or sister: \_\_\_\_\_ Younger: \_\_\_\_\_

Signature of person making request: \_\_\_\_\_

Relationship: \_\_\_\_\_

Purpose of copy: \_\_\_\_\_

Telephone number where you may be reached for additional information: ( ) \_\_\_\_\_

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

All items must be completed and appropriate fees attached to process this request. Do not send cash. Send check or money order payable to: Hamilton County Vital Records. In addition, unless this application is notarized, you must send a photocopy of a government issued ID showing your signature. If you have not received a response within 7 days, please write or call Hamilton County Vital Records at (423) 209-8025.

PH-1654 (rev 12/2017)

ROA 10113

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.  
PRINT your name and address if you are here in person to receive certificate.

SEND TO:

Name: \_\_\_\_\_

Hamilton County Health Department  
Vital Records  
921 East Third Street  
Chattanooga, TN 37403

Address or Route: \_\_\_\_\_

City and State Zip Code: \_\_\_\_\_

