GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
WASHINGTON D C 20002

IN REPLY REFER TO
609 H Street, N.E.
Child and Family Services Division

Vital Records Section
425 I Street N.W.
Washington, DC 20004

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE (Please Print)

Name at Birth _____ Birth Order of Child _____
First Middle Last 1st, 2nd, etc.

Date of Birth _____ Race _____ Sex _____

Place of Birth _____ City _____ State ____

Parents _____ _____
Father's Name Mother's Maiden Name

Number of Copies Wanted _____ Certificate Number (If Known) _____

Purpose for Which Needed _____ Relationship to Child _____

Signature _____

Address _____
City State Zip

Very truly yours,