



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

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

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

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

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

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

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: ( ) \_\_\_\_\_

Indicate number of each type of certificate desired, and if applicable, the number of Voluntary Acknowledgement of Paternity and enclose appropriate fees:

For years 1949-Current:  
\_\_\_ Short form- \$15.00 Per Copy

\_\_\_ Long form- \$15.00 Per Copy

\_\_\_ Voluntary Acknowledgement of Paternity- \$5.00 Per Copy

For births before 1949:  
No short form available

\_\_\_ \$15.00 Per Copy

The above fees are charged for the search of records and will not be refunded even if no record is on file in this office. A 3-year search is provided for the initial fee.

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: Tennessee 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 45 days, please write or call Tennessee Vital Records at (615) 741-1763.

PH-1654 (rev06/2015)

RDA 10113

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

SEND TO:

\_\_\_\_\_  
Name

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

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

Tennessee Vital Records  
Andrew Johnson Tower, 1<sup>st</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243