

**CENTER FOR HEALTH STATISTICS - REQUEST FOR FORMS**  
**COUNTY HEALTH DEPARTMENTS**

**Mail this request to:** Center for Health Statistics  
Administration Division  
P O Box 5625  
Montgomery, Al 36103-5625

OR FAX it to: 334.206.2659

VISIT OUR WEBSITE AT [WWW.ALABAMAPUBLICHEALTH.GOV](http://WWW.ALABAMAPUBLICHEALTH.GOV) FOR MORE INFORMATION ON ORDERING FORMS

**Please CLEARLY PRINT or TYPE ALL information**  
**Orders with incomplete or unreadable information will not be filled**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

<u># Of Packages</u>	<u>Qty per Package</u>	<u>Form #</u>	<u>Form Name</u>
_____	500	HS - 0	Safety Paper
_____	25	HS - 7	Delayed Birth Package
_____	100	HS - 14	Application for Vital Event
_____	100	HS - 14 S	Application for Vital Event – SPANISH
_____	50	HS-15	Notice of Disinterment
_____	100	HS - 23	Registrar Response Form
_____	25	HS - 33	Amendment Package for Birth and Death Certificates
_____	25	HS – 33S	Amendment Package for Birth and Death Certificates - SPANISH
_____	100	HS - 235	Brochure - “What You Need to Know About Your Baby’s Birth Certificate”
_____	100	HS – 235S	Brochure - “What You Need to Know About Your Baby’s Birth Certificate” SPANISH
_____	100	IS-4	“Certificate of Failure to Find” Information Sheet
_____	100		Information Package for Adoptees
_____	100		Information Package for Birth Parents

DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
CENTER FOR HEALTH STATISTICS AUTHORIZATION

\_\_\_\_\_  
DATE

**ADPH-HS-32A/REV. 01/2018**