



Application for Alabama
Birth Certificate

A birth certificate is needed by Plan First to qualify the individual below for Medicaid Services.

Please type or print information:

Name on Birth Record: Cynthia Harriett Republic
First Middle Last (Prior to any marriage)

Date of Birth: Jan 7 1998
Month Day Year

County of Birth (in Alabama only): Montgomery

Mother's Full Maiden Name: Mary Lamb Citizen
First Middle Last (Prior to any marriage)

Father's Name (if known): John Quinton Republic
First Middle Last

ADPH/SOBRA WORKER USE:

Mary S. Obra
ADPH/SOBRA Worker's Signature

Mary S. Obra
Printed Name

Medicaid Worker
Title

COUNTY REGISTRAR USE: This application has been reviewed for the individual's right to receive the requested document.

County Registrar's Signature

Date

USE ONLY FOR A VITAL EVENT WHICH OCCURRED IN ALABAMA

The fee for a birth, death, marriage or divorce record search is \$12.00, which includes the cost of one certified copy OR Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$4.00 each. For information on how to expedite a document, call 334-206-5418. Amendments, adoptions, legitimations, and delayed certificates must be processed through the Center for Health Statistics. The fee is \$15.00 to amend a record, \$20.00 to prepare a new certificate of birth after adoption or legitimation or to file a delayed certificate, which also covers the cost of one certified copy of the record. Make check or money order payable to the "State Board of Health." Fees are non-refundable. Do not request two different types of certificates on the same form.

PRINT ALL INFORMATION LEGIBLY. You must complete & sign the applicant section or your request cannot be processed.

TAKE THIS FORM TO YOUR LOCAL ALABAMA COUNTY HEALTH DEPARTMENT OR MAIL THIS FORM TO:
 Alabama Department of Public Health, Center for Health Statistics, P.O. Box 5625, Montgomery, Alabama 36103-5625
 For information on ordering a vital record via the Internet, visit our web site at: <http://www.adph.org>

APPLICANT SECTION (THIS SECTION MUST BE COMPLETED) Birth certificates less than 128 years old and death certificates less than 25 years old are restricted records. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (§ 22-8A-21). Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500, Code of Ala. 1975, § 13A-10-109. By signing, you are certifying you have a legal right to the record requested.

Your Signature Mary S. Obra Date 8/23/2006
 Print Your Name Mary S. Obra Address Baldwin CMO
 City Bay Minette State AL Zip 36507 Daytime Phone (251) 947-1212
 Your Relationship to Person Whose Record is Being Requested Medicaid worker
 Reason for Request (if not immediate family) _____
 I allow the following individual to pick up the certificate (s) _____

BIRTH: NUMBER OF COPIES _____ AMOUNT PAID \$ _____
 FULL NAME AS ON BIRTH CERTIFICATE Cynthia Harriett Republic
FIRST MIDDLE LAST
 DATE OF BIRTH Jan 7, 1998 SEX F
 COUNTY OF BIRTH Montgomery HOSPITAL EBF Hospital
 FULL MAREN NAME OF MOTHER Mary Lamb Citizen
FIRST MIDDLE LAST
 FULL NAME OF FATHER John Quinton Republic
FIRST MIDDLE LAST

DEATH: NUMBER OF COPIES _____ AMOUNT PAID \$ _____
 LEGAL NAME OF DECEASED PLAN FIRIST
FIRST MIDDLE LAST
 DATE OF DEATH _____ COUNTY OF DEATH _____
 SSN _____
 NAME OF SPOUSE _____
FIRST MIDDLE LAST
 NAME OF PARENTS _____

STARTING WITH 1991 DEATHS, CERTIFICATES MAY BE ISSUED WITHOUT A CAUSE OF DEATH. Indicate the number of copies of each type of certificate
 (FOR USE) WITH CAUSE OF DEATH WITHOUT CAUSE OF DEATH

MARRIAGE OR **DIVORCE:** NUMBER OF COPIES _____ AMOUNT PAID \$ _____
 FULL NAME OF HUSBAND _____
FIRST MIDDLE LAST
 FULL MAREN NAME OF WIFE _____
FIRST MIDDLE LAST
 DATE OF MARRIAGE _____ (OR) DATE OF DIVORCE _____
 IF MARRIAGE, COUNTY WHERE LICENSE WAS ISSUED _____
 IF DIVORCE, COUNTY OF DIVORCE _____

COUNTY REGISTRAR USE: This application has been reviewed for the individual's right to receive the requested document(s).

County Registrar's Signature _____ Date _____ County Health Department Receipt Number _____

Government Use Only

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ALABAMA CERTIFICATE OF LIVE BIRTH

98-091001
101

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL HEALTH DEPARTMENT BY DATE AFTER BIRTH.

9801-10000-00015 (3)

Date of Birth

State File Number

	1. NAME John Quinton PUBLIC, Jr.	2. DATE OF BIRTH January 1, 1998	3. TIME OF BIRTH 02:20 AM
4.	4. SEX Male	5. TYPE OF BIRTH Single	6. COUNTY OF BIRTH Montgomery
5.	7. CITY, TOWN OR LOCATION OF BIRTH Montgomery		
6.	8. FACILITY NAME (If not hospital, give street, street number, and address where BIRTH OCCURRED) KBC Medical Center, INSIDE		
7.	10. SIGNATURE OF ATTENDANT OR CERTIFIER <i>Cathy Molchan</i>		11. DATE SIGNED Jan. 7, 1998
8.	12. ATTENDANT'S NAME Cathy Molchan	16. CERTIFIER'S TITLE SAMPLE	
9.	13. ATTENDANT'S ADDRESS Montgomery, Alabama	17. CERTIFIER'S ADDRESS	
10.	14. TYPE OF ATTENDANT M.D.	15. ATTENDANT'S LICENSE 999999	18. CERTIFIER'S TITLE
11.	19. SIGNATURE OF OTHER PARENT <i>Mary Lamb Public</i>		20. DATE SIGNED Jan. 7, 1998
12.	21. SIGNATURE OF OTHER PARENT <i>Dorothy L. Hawthorne</i>		22. SPECIAL NOTES (If a Social Security Number is issued for this child) Yes
13.	23. MOTHER'S MARRIAGE (LAST NAME) Citizen	24. MOTHER'S LEGAL NAME Mary Lamb Public	25. DATE FILED JAN 12 1998
14.	26. MOTHER'S STATE OF BIRTH Alabama	27. MOTHER'S USUAL RESIDENCE STATE Alabama	28. MOTHER'S RESIDENCE COUNTY Montgomery
15.	29. MOTHER'S RESIDENCE CITY OR TOWN AND ZIP CODE Montgomery 36110	30. MOTHER'S RESIDENCE STREET ADDRESS 690 Patton Avenue	
16.	31. FATHER'S NAME John Quinton Public, Sr.	32. FATHER'S DATE OF BIRTH May 14, 1975	33. FATHER'S STATE OF BIRTH Alabama

TYPE IN PERMANENT BLACK INK. DO NOT USE GINK, RED OR BLUE INK.

MOTHER'S

FATHER'S

34. _____

THE SIGNATURE SHOULD BE:

P

Y

Certificate of Failure to Find

STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH STATISTICS
OFFICE OF VITAL RECORDS

August 14, 2006

I certify that a diligent search of the records in my custody has been completed for the years 1960 - 1965, and no certificate of live birth was found to exist for JOE QUINTON PUBLIC, born January 1, 1963 in Jefferson County, Alabama, to MARY JONES and JOHN Q PUBLIC.


Dorothy S. Hirschbarger
State Registrar and Director

To apply for a passport, present this notice with either a record of your correct age or date of birth and place of birth, or a personal affidavit from an older relative.

To apply for Social Security, present this notice with a record of your correct date and place of birth and parentage.

2006-363-240-7

ADPH-02-27/Rev. 04-95

REGISTRAR RESPONSE FORM

The Registrar Response Form can only be used when a pink certificate or a Failure to Find has been received by the county.

- 1. Enter the control number from the bottom right corner of the certificate (or bottom left corner of the Certificate of Failure to Find).
2. Check one of the boxes indicating what action the Center for Health Statistics must take. Only one box can be checked before the Center can process the Registrar Response Form.
3. Use the "Comments" section to explain your request if necessary.
4. Be sure to sign and date the Registrar Response Form.

CONTROL NUMBER:

2006-712-381-6

ACTION REQUIRED:

SEARCH AGAIN AND REFILL REQUEST IF POSSIBLE:

- Unchecked boxes for: Certificate Received Was Marked "Void" or "Duplicate", Amendment Attachment(s) Missing, Wrong Amendment Received, Bad Copy Received, Incorrect Certificate Received.

CERTIFICATE NOT ISSUED: (REQUEST IS CANCELED AND WILL NOT BE SEARCHED AGAIN)

- Customer Refused - (Customer's Signature)
[X] Unable to Issue - (Explain in "Comments" Section Below)

OTHER:

- Letter of Explanation Needed - (Only used when file date on certificate is missing, incorrect or unreadable)
Incorrect Number of Copies Received
Additional Copies Requested by Customer

COMMENTS: Plan first.

Please correct the above problem. I certify that any certificate(s) refused by the customer or those unable to be issued to the customer have been stamped "VOID" per established procedures.

Ima Registrar (Signature) 8/23/2006 (Date)
Local/Deputy Registrar Signature Date ADPH-HS-23/4-99

Government Use Only

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ALABAMA CERTIFICATE OF LIVE BIRTH

98-091001
101

THIS IS A FINAL RECORD
AND MUST BE FILED WITH
LOCAL REGISTRAR WITHIN
FIVE (5) DAYS AFTER BIRTH.

9801-30000-
00015 (3)

County
File
Number

State File Number

	1. NAME (Last, First, Middle) John Quinton PUBLIC, Jr.	2. DATE OF BIRTH (Month, Day, Year) January 1, 1998	3. TIME OF BIRTH (Month, Day, Year) 02:20 AM
4.	4. SEX Male	5. MARRIAGE STATUS (Single, Married, Divorced, Widowed) Single	6. COUNTY OF BIRTH Montgomery
8.	8. CITY, TOWN OR LOCATION OF BIRTH Montgomery		
9.	9. FACILITY NAME (If not birthplace, give street, street number, and address within or outside city limits) MRC Medical Center, INSIDE		
10.	10. SIGNATURE OF ATTENDANT OR CERTIFIER <i>Cathy Molchan</i>	11. DATE SIGNED (Month, Day, Year) Jan. 7, 1998	
12.	12. ATTENDANT'S NAME Cathy Molchan	13. CERTIFIER'S NAME (If other than attendant) SAMPLE	
14.	13. ATTENDANT'S ADDRESS Montgomery, Alabama	14. CERTIFIER'S ADDRESS SAMPLE	
14.	14. TYPE OF ATTENDANT M.D.	15. ATTENDANT'S LICENSE 9999999	16. CERTIFIER'S TITLE SAMPLE
19.	19. SIGNATURE OF OTHER PARENT <i>Mary Lamb Public</i>	20. DATE SIGNED (Month, Day, Year) Jan. 7, 1998	21. Parent agrees that a Social Security Number be issued to this child Yes
21.	20. SIGNATURE OF OTHER PARENT <i>Dorothy L. Hawthorne</i>	22. DATE FILED (Month, Day, Year) JAN 12 1998	
23.	23. MOTHER'S MARRIAGE (LAST) NAME Citizen	24. MOTHER'S LEGAL NAME (First, Middle, Last) Mary Lamb Public	25. MOTHER'S RESIDENCE COUNTY Montgomery
26.	26. MOTHER'S DATE OF BIRTH January 25, 1976	27. MOTHER'S STATE OF BIRTH Alabama	28. MOTHER'S USUAL RESIDENCE STATE Alabama
27.	29. MOTHER'S RESIDENCE CITY OR TOWN AND ZIP CODE Montgomery 36110	30. MOTHER'S RESIDENCE STREET ADDRESS 690 Patton Avenue	
28.	31. MOTHER'S RESIDENCE PHONE (City Code) Yes	32. MOTHER'S RESIDENCE PHONE (City Code) Yes	
33.	33. FATHER'S NAME (First, Middle, Last) John Quinton Public, Sr.	34. FATHER'S DATE OF BIRTH May 14, 1975	35. FATHER'S STATE OF BIRTH Alabama

ALL ITEMS MUST BE COMPLETE AND ACCURATE

The following applies to:

P

Y

This Certified Document has been Verified by ADPH, Center for Health Statistics,
Vital Records Division,
August 10, 2006

2006-359-302-9

REGISTRAR RESPONSE FORM

The Registrar Response Form can only be used when a pink certificate or a Failure to Find has been received by the county.

1. Enter the control number from the bottom right corner of the certificate (or bottom left corner of the Certificate of Failure to Find).
2. Check one of the boxes indicating what action the Center for Health Statistics must take. Only one box can be checked before the Center can process the Registrar Response Form.
3. Use the "Comments" section to explain your request if necessary.
4. Be sure to sign and date the Registrar Response Form.

CONTROL NUMBER:

2006 - 359 - 302 - 9

ACTION REQUIRED:

SEARCH AGAIN AND REFILL REQUEST IF POSSIBLE:

- Certificate Received Was Marked "Void" or "Duplicate"
- Amendment Attachment(s) Missing
- Wrong Amendment Received - (Explain in "Comments" Section Below)
- Bad Copy Received - (Explain in "Comments" Section Below)
- Incorrect Certificate Received - (Explain in "Comments" Section Below)

CERTIFICATE NOT ISSUED: (REQUEST IS CANCELED AND WILL NOT BE SEARCHED AGAIN)

- Customer Refused - _____ (Explain in "Comments" Section Below)
(Customer's Signature)
- Unable to Issue - (Explain in "Comments" Section Below)

OTHER:

- Letter of Explanation Needed - (Only used when file date on certificate is missing, incorrect or unreadable)
- Incorrect Number of Copies Received
Number Requested _____ Number Received _____
- Additional Copies Requested by Customer
Quantity _____ Amount Collected _____

COMMENTS: Asked for "Charlene Smith", got "Charlie Smith"

Please correct the above problem. I certify that any certificate(s) refused by the customer or those unable to be issued to the customer have been stamped "VOID" per established procedures.

Anna Registrar
Local/Deputy Registrar Signature

8/23/2006
Date

Government Use Only

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL HEALTH DEPARTMENT BY DATE AFTER BIRTH.

9801-10000-00015 (2)

County File Number

ALABAMA CERTIFICATE OF LIVE BIRTH

98-091001
101

State File Number

1. NAME

1. NAME: **John Quinton PUBLIC, Jr.** 2. DATE OF BIRTH: **January 1, 1998** 3. TIME OF BIRTH: **02:20 AM**

4. SEX

4. SEX: **Male** 5. TYPE BIRTH: **Single** 6. IF NOT SINGLE BIRTH: **Montgomery**

8. CITY, TOWN OR LOCATION OF BIRTH

8. CITY, TOWN OR LOCATION OF BIRTH: **Montgomery** 9. FACILITY NAME: **BBC Medical Center, INSIDE**

10. SIGNATURE OF ATTENDANT OR CERTIFIER

10. SIGNATURE OF ATTENDANT OR CERTIFIER: *Cathy Molchan* 11. DATE SIGNED: **Jan. 7, 1998**

12. ATTENDANT'S NAME

12. ATTENDANT'S NAME: **Cathy Molchan** 13. CERTIFIER'S NAME: **SAMPLE**

14. ATTENDANT'S ADDRESS

14. ATTENDANT'S ADDRESS: **Montgomery, Alabama** 15. CERTIFIER'S ADDRESS: **SAMPLE**

16. TYPE OF ATTENDANT

16. TYPE OF ATTENDANT: **M.D.** 17. ATTENDANT'S LICENSE: **99999999** 18. CERTIFIER'S TITLE: **SAMPLE**

19. SIGNATURE OF OTHER PARENT

19. SIGNATURE OF OTHER PARENT: *Mary Lamb Public* 20. DATE SIGNED: **Jan. 7, 1998** 21. FATHER'S STATE OF BIRTH: **Yes**

22. SIGNATURE OF OTHER PARENT

22. SIGNATURE OF OTHER PARENT: *Dorothy L. Haulbayer* 23. DATE SIGNED: **JAN 12 1998** 24. MOTHER'S STATE OF BIRTH: **Yes**

25. MOTHER'S US BIRTH (LAST NAME)

25. MOTHER'S US BIRTH (LAST NAME): **Citizen** 26. MOTHER'S LEGAL NAME: **Mary Lamb** 27. MOTHER'S RESIDENCE STATE: **Alabama** 28. MOTHER'S RESIDENCE COUNTY: **Public**

29. MOTHER'S DATE OF BIRTH

29. MOTHER'S DATE OF BIRTH: **January 35, 1976** 30. MOTHER'S STATE OF BIRTH: **Alabama** 31. MOTHER'S RESIDENCE STATE: **Alabama** 32. MOTHER'S RESIDENCE COUNTY: **Montgomery**

33. MOTHER'S RESIDENCE CITY OR TOWN AND ST. OR RD.

33. MOTHER'S RESIDENCE CITY OR TOWN AND ST. OR RD.: **Montgomery 36110** 34. MOTHER'S RESIDENCE STREET ADDRESS: **590 Patton Avenue** 35. MOTHER'S RESIDENCE COUNTRY: **Yes**

36. FATHER'S NAME

36. FATHER'S NAME: **John Quinton Public, Sr.** 37. FATHER'S DATE OF BIRTH: **May 14, 1975** 38. FATHER'S STATE OF BIRTH: **Alabama**

39. FATHER'S RESIDENCE STATE

39. FATHER'S RESIDENCE STATE: **Alabama**

ALL ITEMS MUST BE COMPLETE AND ACCURATE

The following section will

This Certified Document has been Verified by ADPH, Center for Health Statistics, Vital Records Division.

August 18, 2004

2004-359-682-4