ALABAMA REQUEST FOR CERTIFIED COPY OF ACKNOWLEDGMENT OF PATERNITY

The fee for a record search is \$15.00, which includes the cost of one certified copy OR a Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$6.00 each. Make check or money order payable to "Center for Health Statistics." **Do not send cash.** Fees are non-refundable. **PRINT ALL INFORMATION LEGIBLY.** You must **complete and sign the applicant section** and provide valid identification (see reverse side) or your request cannot be processed.

TAKE THIS FORM TO YOUR LOCAL ALABAMA COUNTY HEALTH DEPARTMENT OR MAIL THIS COMPLETED FORM WITH VALID IDENTIFICATION AND APPROPRIATE FEE TO:

Alabama Department of Public Health, Center for Health Statistics, P.O. Box 5625, Montgomery, AL 36103-5625. Visit our website at www.alabamapublichealth.gov/vitalrecords or call 334-206-5418.

	Number of Copies		_ Amount Paid \$	Amount Paid \$	
FULL NAME OF CHILD	<u>-</u> ,				
	First	Middle		Last	
DATE OF BIRTH		SEX			
COUNTY OF BIRTH		HOSPITA	L		
FULL NAME OF MOTHER BEFORE FIRST MARRIAGE					
FULL NAME OF FATHER					
APPLICANT SECTION (THIS SECTION MUST BE COMPLETED) Acknowledgments of Paternity are restricted records. Valid identification must be submitted with a request for a restricted record. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (§ 22-9A-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 Alabama 1975, § 13A-10-109. By signing, you are certifying you have a legal right to the record requested.					
Your Signature			Date		
Print Your Name					
Address					
City	State	_ Zip D	aytime Phone ()	
Your Relationship to Child					
Reason for Request (if not immed	diate family)				
I allow the following individual to	receive certificate(s)				

IDENTIFICATION REQUIREMENTS FOR RESTRICTED ALABAMA VITAL RECORDS

Identification is required of any applicant requesting a restricted Alabama vital record (birth certificate less than 125 years from the date of birth or death certificate less than 25 years from the date of death). The applicant must submit a completed request and **one** form of identification from the **Primary ID** list below. In the event the applicant is unable to provide identification from the Primary ID list, he/she may provide **two** different forms of identification from the **Secondary ID** list.

If the applicant designates another individual to pick up a restricted certificate on his/her behalf, both the applicant **and** the designee must provide acceptable identification.

The completed request, as well as a copy of all identification submitted, will be maintained by the vital records office which processes the request.

Primary IDs Including PHOTO (need at least one, current, expired no more than 60 days)	Secondary IDs (need at least two)		
 Alabama Driver's License Out-of-State Driver's License State-Issued Non-Driver ID U.S. or Foreign Passport U.S. Certificate of Naturalization Certificate of Citizenship U.S. Military ID Work ID (If applicant is employee of agency/company making request) Alien Resident Card (Temporary or Permanent) U.S. Employment Authorization Card Citizenship ID Card Tribal ID Pilot's License Boating License Concealed Weapons License Ex-Felon ID Inmate ID issued by the U.S. Dept of Justice w/ following documentation: Supporting documents from institution if inmate is still in custody, letter of release from institution if inmate has been released School ID (Must include current school term) Alabama Voter Identification Card 	 Expired, Government-Issued ID Utility Bill (No more than 6 months old) Work ID (If applicant is making personal request) Vehicle Registration or Vehicle Title Property Tax Bill Military Discharge (DD Form 214) Voter Registration Card Health Insurance Card Social Security Correspondence (not Card) U.S. Selective Service Card Recent DMV Receipt for Fines Paid Fishing or Hunting License Copy of Police Report or other official documents which support theft, in cases where individual's ID has been stolen Autism Spectrum Card Immunization (Shot) Record *In special cases where applicant is unable to provide any of these documents, please contact CHS at 334.206.5418. 		