## ARKANSAS DEPARTMENT OF HEALTH Vital Records

4815 West Markham Street, Slot 44 Little Rock, AR 72205-3867

## **BIRTH CERTIFICATE APPLICATION**

	\$12.00 for the first of payable to the Arkar found. Only the name	ths are recorded in this copy ordered and \$10.00 hsas Department of Heal les and dates listed will be e money to the address ab	0 for each additional co lth. <b>DO NOT SEND CA</b> e searched for the \$12.0	py of the same record. <b>SH.</b> Of the total fee yo 0 fee. Names and other	The fee n u send \$12 dates subi	nust accor 2.00 will be	mpany the kept to c	e applicatio over search	on. Send h charges	check or money if no record of the	order e birth is	
List Below All Possible Birth dates and Names Under Which the Certificate May Be Registered (Type or Print)												
1	Full Name at Birth	First Name Middle Name Last Name										
2.	Date of Birth	Month Day Year					Sex	Race	Age Last Birthday			
3.	Place of Birth	City or Town County					State			Order Of This Birth (1st, 2nd, 3rd, etc.)		
		Name of Hospital or Street Address						Name of	of Attendant at Birth			
4.	Full Name of Father	First Name Middle Name Last Name										
5. Full Maiden Name First Name Middle Name Last Name Before Marriage)												
If this child has been adopted, please give original name if known.												
						DO NOT WRITE IN THIS SPACE						
If you have received a copy before, please give certificate number.						Name of Searcher						
If this is a delayed certificate, when was it filed?						Index						
What is your relationship to the person whose certificate is being requested?						Delayed Prior						
What is your reason for requesting this certificate?						Volume Number						
Is the person whose certificate is being requested still living?						Page Number				Year		
- 3												
Certificates may also be ordered by the following methods: Internet: www.vitalchek.com Certificates may be ordered on the Internet using a credit card (Visa, Master Card, Discover or American Express). The fee for using a credit card is in addition to the fee for each certified copy requested. Certificates requested via Internet may be returned by overnight courier for the cost of the additional shipment fee. OR												
Mast addit	phone: (866) 209- er Card, Discover, ion to the fee for ea be returned by ove	CARD (S) HOW MANY 1 <sup>st</sup> copy or card costs \$12.00										
history or genealogy cannot be processed by telephone. Please process by mail or the Internet.						Each additional copy or card costs \$10.00						
OR Walk-in: You may order a certified copy of the birth record by coming into this office. Orders are accepted for same day issuance from 8:00 A.M. until 3:00 P.M. Monday through Friday. The office is located at the address above.						AMOUNT OF MONEY ENCLOSED \$						
Please <b>PRINT</b> below the name and address of the person who is to receive the copy(ies) or cards							If a legal Certification of Birth cannot be issued, a copy of the original record will be substituted. If you need a copy of the original certificate, please check here How many?					
_	Any person who willfully and knowingly makes any false statement in an application for certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$1 0,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105).											