



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF A TENNESSEE CERTIFICATE OF BIRTH
(La versión en español al reverso de la página)

Date: _____

Number of Copies _____
Enclose \$15.00 for each copy

____ Copy of Voluntary Acknowledgment of Paternity- \$5.00 each copy
(When purchased with a certified copy of the birth certificate.)

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: _____
Month _____ Day _____ Year _____
Sex: _____

Place of birth: _____
City _____ County _____ State _____ Foreign Country (if Report of Foreign Birth) _____

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 and email where you may be reached for additional information:

(_____) _____ @ _____

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

Records are filed in this office for the past 100 years; and over 100 years are available at the TN State Library and Archives.

A fee of \$15.00 is charged for the search of the records and includes one copy of the record if located. Search fees are non-refundable if the record is not on file. 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 VALID 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.

PRINT NAME AND ADDRESS BELOW FOR OUR RECORDS

Please remember to include the Fee and a Copy of your ID. (Note: The request will be returned if not included.)

Name _____

Address or Route _____

City and State _____ Zip Code _____

Mail Your Application To:

**Tennessee Vital Records
Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243**