

**Please follow the instructions below when submitting your application.**

Please note: **THE D.C. REGISTRAR MAY, AT ANY TIME, REQUEST ADDITIONAL DOCUMENTATION TO HELP DETERMINE THE IDENTITY OR ELIGIBILITY OF THE APPLICANT.**

1. A separate application form must be submitted for each individual certificate being requested, and a separate VitalChek Processing Fee is required for each separate application.  
 ("LexisNexis VitalChek Network Inc. is in partnership with the District of Columbia Dept. of Health to enable enhanced electronic processing of mail-in vital record applications.")
2. Current identification (as listed on the table below) is required for each certificate being requested. Expired IDs will not be accepted.

**SEND WITH COMPLETED APPLICATION**

Choose 1 Primary ID, <u>OR</u> at least 3 Secondary IDs (if Primary ID is not available)			
<b>PRIMARY ID (1)</b>	Valid, unexpired State-issued driver's license	Valid, unexpired Passport	Valid, unexpired State-issued ID Card (non-driver)
OR			
<b>SECONDARY ID (3 or more)</b>	W-2 Form or current, filed tax form	Current utility bill showing full name and address	
	Current pay stub	School ID with transcript	
	Work ID with photo	Veteran ID	
	Social Security Card with signature	Notarized letter from parent listed on certificate	
	Voter Registration Card	Valid Department of Corrections ID Card with photo, accompanied by probation documents or discharge papers	
	Court Order	Car registration or title with current name and address	
	Military ID or Selective Service Card	Federal Government Census Record	

3. Only the persons named on the certificate (Mother, Father, or Child), an immediate family member or a legal representative are eligible to receive DC birth certificates. If you are not one of the persons named on the birth certificate, you must also send additional documentation (as shown below) with your completed application to prove your relationship to the person named on the certificate or your legal need to the certificate.

**SEND WITH COMPLETED APPLICATION**

Relationship to Person Named on Certificate	Additional Documentation Required (in addition to the required identification listed above)
Sibling or Adult Child	A copy of your birth certificate
Grandparent	A copy of your child's birth certificate
Adult Grandchild	A copy of your birth certificate, <u>and</u> a copy of your parent's birth certificate which names your grandparent
Legal Guardian	A copy of the valid guardianship papers certified by the court naming you as legal guardian
Social Worker	A copy of your work ID, <u>and</u> A letter from the parent (or legal guardian), a court order, or a letter from your organization (on official letterhead, signed by a supervisor) stating your professional relationship to the person named on the certificate being requested
Attorney	A signed document stating you have been retained by your client (such as a retainment or engagement letter), documentation establishing a legal or tangible interest in the record (such as court paperwork), or a letter (on official letterhead) stating your professional relationship to the person named on the certificate being requested
Other	Documentation providing legal, tangible interest in the certificate being requested

4. **If the record you requested is not located, a "Certificate of Search" will be issued.** As the request was processed and the certificate was searched for, both the Agency Certificate Fee and the VitalChek Processing Fee are non-refundable.
5. Please mail your completed application, along with identification and additional documentation (if required), to:

**Department of Health  
 Vital Records Division  
 ATTN: New Applications Dept.  
 899 North Capitol St., NE, 1<sup>st</sup> Floor  
 Washington, DC 20002**

**For expedited order placement  
 and processing please visit  
[www.VitalChek.com.](http://www.VitalChek.com)**

6. Please allow 5 to 7 business days for your application to be received prior to calling our customer service department with any questions about your application. We can be reached at 1-877-572-6332.

# District of Columbia Birth Certificate Application

**Restriction on Access to Birth Certificates:** Pursuant to D.C. Official Code Sec. 7-220, the Vital Records Division may issue a certified copy of a birth certificate **ONLY** to an applicant having a direct and tangible interest in the requested birth certificate.

**NOTE:** This form should be used **ONLY** by a person named on the certificate, an immediate family member, guardian or legal representative.

## STEP 1: CERTIFICATE INFORMATION

<b>Full Name of Child at Time of Birth (Certificate Holder)</b>			
first name	middle name	last name	suffix
<b>Father's Full Name</b>			
first name	middle name	last name	suffix
<b>Mother's Full Name</b>			
first name	middle name	maiden last name	
<b>Date of Birth</b> (MM/DD/YYYY)	<b>Hospital</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Still Living</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for Request</b>			

## STEP 2: YOUR INFORMATION AND SHIPPING ADDRESS

<b>Your Full Name (Applicant)</b>			
first name	middle name	last name	suffix
<b>Your Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Your Relationship to Person Named on Certificate</b>	<b>E-mail Address</b> (for communication & status updates)		<b>Daytime Phone Number</b>
<b>Name and Address to Send Certificate (if different than noted above)</b>			
first name	middle name	last name	suffix
<b>Ship To Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Your Signature (Applicant)</b>			<b>Date of Application</b>

## STEP 3: COST


	Qty	Price / ea	Total
<b>A Number of copies:</b> (total for all copies below)			\$ _____
First copy	1	\$23.00	\$23.00
Additional copies (max of 5)		x \$23.00 ea	
<b>B Select Delivery Method (choose one):</b>			\$ _____
<ul style="list-style-type: none"> <li>UPS will not deliver to a P.O. Box</li> <li>Processing time may take 7-10 business days</li> </ul>			
	UPS Next Day Air	\$20.00	
	UPS to Alaska, Hawaii, Puerto Rico	\$40.00	
	UPS to Canada or Mexico	\$26.00	
	UPS Worldwide Expedited	\$36.50	
	U.S. Postal Service Regular Mail	\$0.00	
<b>C Processing &amp; Handling:</b> (non-refundable)			\$ <b>6.00</b>
	VitalChek Processing Fee	\$6.00	\$6.00

**TOTAL AMOUNT DUE = A + B + C**

\$ \_\_\_\_\_

## STEP 4: PAYMENT INFORMATION

**Select Payment Method:** *Submit separate payment for each Application*


 Credit Card
  Personal Check
  Money Order

**DO NOT SEND CASH**

**Credit Card Information:** (if paying by Credit Card)

\_\_\_\_\_

Credit Card Number Expiration Date

\_\_\_\_\_

Cardholder's Signature Date

*Charges will appear on your Credit Card statement as: VCN DC VITAL RECORDS*

**If paying by check or money order, make payable to VITALCHEK.**

## STEP 5: MAIL YOUR COMPLETED FORM

**Please mail your completed form, along with ID and additional documentation (if required), to:**  
 Department of Health, Vital Records Division  
 ATTN: New Applications Dept.  
 899 North Capitol St., NE, 1<sup>st</sup> Floor  
 Washington, DC 20002

**For expedited order placement and processing please visit [www.VitalChek.com](http://www.VitalChek.com).**