Dear New Parent,

Congratulations on the birth of your new child!

A certificate of birth for every child born in Montana must be completed and filed within ten calendar days after the date of birth. If a child is born outside of a birthing facility such as a home, vehicle, etc. without a licensed midwife present, the parents are responsible for filing the birth certificate. If a home birth worksheet is not received by our office within the first year of the child's life, a delayed birth certificate must be filed instead. Please refer to our website at https://dphhs.mt.gov/vitalrecords/HomeBirths for more information.

The cost to file a birth record for a baby is $25. Please include a check or money order made out to Montana Vital Records with the completed paperwork. If you have any questions, please contact Melody Lee with the State of Montana Office of Vital Records at (406) 444-0693.
To place a birth certificate on file with the State of Montana, we require that the enclosed home birth worksheet be completed, and that three documents be provided to prove the following:

- ☐ Proof of pregnancy
- ☐ Proof of residence in Montana at the time of birth or proof the birth occurred in Montana.
- ☐ Proof of live birth

Within this packet you have the following forms. Not all are required for every situation:

- Accepted Documents and Helpful Information
- Home birth worksheet (2 pages)
- Paternity Acknowledgment and Notice of Withdrawal of Paternity Acknowledgment
- Affidavit of non-paternity
- Birth Certificate Application

These forms can also be printed from the following web site:
https://dphhs.mt.gov/vitalrecords/HomeBirths

A birth certificate is not automatically issued once this process is completed. If you would like to order a certified copy of your child's birth certificate, please complete the included Birth Certificate Application and provide payment of $16 per certificate.

Please mail the completed original home birth worksheet and original documents to:

Montana Vital Records
PO Box 4210
Helena, MT 59601

Home Birth Packet

Accepted Documents and Helpful Information

The following may be submitted as proof of live birth:

- A copy of the medical record of the child if he or she was seen shortly after birth by any of the following: physician, registered nurse, nurse practitioner, or public health nurse.
- The laboratory results of the metabolic screening test (PKU). The blood sample must have been collected within ten days of the birth and forwarded to the laboratory within twenty-four hours following collection.
- A notarized affidavit from the mother's employer confirming the dates of her pregnancy or the fact that she had a live baby recently.
- A notarized affidavit by a public official that confirms the live birth of the child to this mother. The public official must have personal knowledge of the live birth.
- Insurance policy that identifies the child's date and place of live birth.
- The child's certified blessing or baptismal certificate. The blessing or baptismal certificate must either have a raised seal of the church or be accompanied by a notarized statement from the church minister or other church official.

The following may be submitted as proof of pregnancy:

- Copy of mother's pregnancy lab tests.
- Copy of ultrasound.
- Copy of record of pregnancy visits.
- Copy of the mother's prenatal or postnatal medical care records, signed by the person completing the record if not a hospital or clinic.
- NOTE: all copies should have mother's name, date of service, and name of facility.

The following documents may be submitted as proof of residence. These documents must list street address or rural route:

- Utility service or telephone statements at the time of the child's birth.
- Bank statement at the time of the child's birth.
- Social service records at the time of the child's birth if the parent(s) or child were receiving public assistance such as WIC, food stamps, Medicaid, or child support records.
- Mail with personalized delivery through the United States Postal Service and cancelled by said agency. The mail must be postmarked at or near the time of the child's birth.
- Rent or mortgage receipts at the time of the child's birth or a notarized

statement from the landlord may also be required.

Helpful Definitions:

1. Certifier Signature:
    a. The certifier is the person that was present during the birth and can attest that the child was born alive at the place, time, and date stated. If only the mother was present at the delivery, the mother can sign as the certifier.
    b. The certifier must provide a printed date, name, title, and signature on the provided Home Birth Worksheet. The title of the certifier can be described as father, mother, relative, owner of premises, etc.
    c. Certifier's mailing address must be provided on the Home Birth Worksheet for possible questions concerning the birth.
2. Attendant Signature:
    a. The attendant is the person who delivered the baby. This could be the father, relative, midwife, etc.
    b. They provide signature and title on the provided Home Birth Worksheet.
3. Paternity Acknowledgement:
    a. This document is completed when the mother is not married to the natural father at the time of birth or conception and the natural father would like to be listed on the birth certificate.
4. Paternity Withdrawal
    a. This document can be completed if the person who claims paternity no longer wants to be listed as the father on the birth certificate. This must be completed within 60 days of the original signature on the paternity acknowledgement.
5. Affidavit of Non-Paternity:
    a. This document should be completed if the mother was married at the time of birth to someone other than the biological father and the husband does not want to be listed as the child's father on the birth certificate. If the mother was not married at the time of birth, this does not need to be completed. If the mother was married to who should be listed as the father on the birth certificate, this does not need to be completed.

Helpful Questions and Information Regarding Paternity:

This does not need to be sent back to OVR, it is just a tool to assist you in determining which paternity forms (if any) need to be completed.

1. Was the mother married at conception, birth, or anytime in between?
   - ☐ YES
   - ☐ NO

   If yes, move to question 2.

   If no, move to question 3.

2. Was mother married to the father?
   - ☐ YES
   - ☐ NO

   If yes, write the name of your spouse on the Home Birth Worksheet. Skip questions 3 and 4 and do not complete the Paternity Acknowledgement or Affidavit of Non-Paternity. No further action needs to be taken.

   If no, continue to question 3.

3. Will husband be listed on the birth certificate as the child's father?
   - ☐ YES
   - ☐ NO

   If yes, print the name of the husband as the child's father on the Home Birth Worksheet.

   If no, both the mother and the husband must complete an Affidavit of Non-Paternity. They must fill it out, sign it, and have it notarized. This document must be returned to the Office of Vital Records with the Home Birth Worksheet to have the husband not listed as the child's father.

   Continue to question 4.

4. Will the biological father be listed on the child's birth certificate?
   - ☐ YES
   - ☐ NO

   If yes, a Paternity Acknowledgement must be completed by both the parents. They must fill it out, sign it, and have it notarized. Then fill out the biological father's name on the Home Birth Worksheet. Return the Paternity Acknowledgement with the Home Birth Worksheet to have the father listed on the child's birth certificate.

   If no, do not print the father's information on the Home Birth Worksheet.

HOME BIRTH WORKSHEET

Parent Contact Information -Phone:_____

Email Address:_____

CHILD'S NAME (First)	(Middle)	(Last and Suffix if applicable)	DATE OF BIRTH	SEX

FACILITY-NAME (If not institution, give street and number	CITY OR LOCATION OF BIRTH	COUNTY OF BIRTH	TIME OF BIRTH

PLACE OF BIRTH:
Home birth: planned to deliver at home? □Yes □ No □ Other (Specify)_____

I certify that this child was born alive at the place and Time and on the date stated Signature	DATE SIGNED	ATTENDANT'S NAME, TITLE and NPI (If other than certifier) NPI
CERTIFIER'S NAME AND TITLE	MAILING ADDRESS (Street Number or Rural Route Number, City or Town, State, Zip Code)	

MOTHER 'S FULL MAIDEN NAME (First, Middle, Maiden Last Name)	BIRTHPLACE (State or Foreign County)	DATE OF BIRTH (Month, Day, Year)

Does Mother live on a Reservation: □ Yes □ No If yes list what reservation:_____

RESIDENCE – STATE	COUNTY	CITY OR TOWN, AND ZIP CODE	STREET AND NUMBER	INSIDE CITY LIMITS

FATHER'S CURRENT LEGAL NAME (First, Middle, Last)	BIRTHPLACE (State or Foreign County)	DATE OF BIRTH (Month, Day, Year)

Does Father live on a Reservation: □ Yes □ No If yes list what reservation:_____

I certify that the personal information provided on this certificate is correct to the best Of my knowledge and belief Signature of Parent or Other Informant	MOTHER'S MAILING ADDRESS (If same as residence, enter Zip code Only)

Permission is given to provide Social Security Administration with information from this certificate to obtain a Social Security card for this child?

□ Yes □ No Signature of Parent:

Consent to be notified of available health services? □ Yes □ No
CONSENT OBTAINED for INCLUSION in the MONTANA IMMUNIZATION INFORMATION SYSTEM? □ Yes □ No □ Unknown

MOTHER'S EDUCATION *(Specify only the highest diploma or degree received)*

- ☐ 8th grade or less
- ☐ 9th-12th grade: No Diploma
- ☐ High School graduate or GED completed
- ☐ Some college but no Degree
- ☐ Associates Degree (e.g. AA, AS)
- ☐ Bachelor's Degree (e.g. BA, AB, BS)
- ☐ Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)
- ☐ Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD

MOTHER OF HISPANIC ORIGIN? Check the box that best describes whether the mother is Spanish/Hispanic/ Latino. Check the "No" box if the mother is not Spanish/ Hispanic/Latino.

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify)_____

MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)

- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Guamanian or Chamorro
- ☐ Korean
- ☐ Vietnamese
- ☐ Samoan
- ☐ Other Asian (Specify) _____
- ☐ Other Pacific Islander (Specify)_____
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Other (Specify) _____

FATHER'S EDUCATION *(Specify only the highest diploma or degree received)*

- ☐ 8th grade or less
- ☐ 9th-12th grade: No Diploma
- ☐ High School graduate or GED completed
- ☐ Some college but no Degree
- ☐ Associates Degree (e.g. AA, AS)
- ☐ Bachelor's Degree (e.g. BA, AB, BS)
- ☐ Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)
- ☐ Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD

FATHER OF HISPANIC ORIGIN? Check the box that best describes whether the father is Spanish/Hispanic/ Latino. Check the "No" box if the father is not Spanish/ Hispanic/Latino.

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify)_____

FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)

- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Guamanian or Chamorro
- ☐ Korean
- ☐ Vietnamese
- ☐ Samoan
- ☐ Other Asian (Specify) _____
- ☐ Other Pacific Islander (Specify)_____
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Other (Specify) _____

Was Mother Ever Married	Was Mother Married at Conception, Birth or Anytime between?	Was Mother Married to the Father?	Will Husband Sign Non-Paternity Affidavit?	Will Father sign Paternity Affidavit?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

MOTHER'S SOCIAL SECURITY NUMBER:	FATHER'S SOCIAL SECURITY NUMBER:

PRINCIPAL OF PAYMENT FOR DELIVERY: ☐Private insurance ☐ Medicaid ☐ Self-pay ☐ Other (Specify)_____	DATE OF LAST NORMAL MENSES BEGAN (Month, Day, Year)	DID MOTHER GET WIC FOOD DURING PREGNANCY? ☐Yes ☐ No

HOME BIRTH WORKSHEET CONTINUED

NUMBER OF PREVIOUS LIVE BIRTHS *(Do not include this child)*		NUMBER OF OTHER PREGNANCY OUTCOMES *(Spontaneous & induced losses or ectopic pregnancies)*	DATE OF FIRST PRENATAL CARE ViSIT (mm,dd,yyyy) or ☐ No prenatal care	DATE OF LAST PRENATAL CARE VISIT (mm,dd,yyyy)	TOTAL NUMBER OF PRENATAL VISITS- *(If none, enter "0")*
Now Living Number___ ☐ None	Now Dead Number___ ☐ None	Other Outcomes Number_____ ☐ None	BIRTH WEIGHT (*grams preferred, specify Unit)*	OBSTETRIC ESTIMATE OF GESTATION (Completed weeks)	PLURALITY—Single, Twin Triplet, etc. *(Specify)*
DATE OF LAST LIVE BIRTH *(mm,yyyy)*		DATE OF LAST OTHER PREGNANCY OUTCOME *(mm,yyyy)*	IS INFANT BEING BREASTFED AT DISCHARGE? ☐ Yes ☐ No	IF NOT SINGLE BIRTH –Born First, Second, Third, Etc. (Specify)	IS INFANT LIVING AT TIME OF REPORT ☐ Yes ☐No

APGAR SCORE		MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL	INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY
5 Minute	10 Minutes	INDICATIONS FOR DELIVERY? ☐Yes ☐ No If yes, enter name of facility transferred from:	If yes, enter name of facility transferred to: ☐ Yes ☐ No

CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the number of cigarettes or the Number of packs of cigarettes smoked. IF NONE, ENTER"0".

Average number of cigarettes or packs of cigarettes smoked per day.

	# of cigarettes		# of packs
Three Months Before Pregnancy	_____	OR	_____
First Three Months of Pregnancy	_____	OR	_____
Second Three Months of Pregnancy	_____	OR	_____
Third Trimester of Pregnancy	_____	OR	_____

Alcohol use during pregnancy
☐ Yes ☐ No
If yes, average number of drinks per week
_____

MOTHER'S HEIGHT _____(feet//inches)

MOTHER'S PREPREGNANCY WEIGHT _____(pounds)

MOTHER'S WEIGHT AT DELIVERY _____(pounds)

HEP B VACCINATION INFORMATION – INFANT
Hep B Birth Dose Given ☐ Yes ☐ No ☐ Parent Refused ☐ Unknown
HBsAg Test Date: (mm,dd,yyyy) _____

HEP B TESTING INFORMATION- MOTHER
Hep B Administration Date: (mm,dd,yyyy) _____ Time:_____ am / pm
HBsAg Test Result ☐ Positive-Reactive ☐ Negative-Nonreactive ☐ Unknown

CONSENT OBTAINED for INCLUSION in the MONTANA IMMUNIZATION INFORMATION SYSTEM? ☐ Yes ☐ No ☐ Unknown

ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☐ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and /or soft tissue/solid organ hemorrhage which requires intervention
- ☐ None of the above

CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
- ☐ Anencephaly
- ☐ Cyanotic congenital heart disease
- ☐ Omphalocele
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft Lip with or without Cleft palate
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
  - ☐ Hypospadias
- ☐ Meningomyelocele/Spina bifida
- ☐ Congenital diaphragmatic hernia
- ☐ Gastroschisis
- ☐ Cleft Palate alone
- ☐ Suspected Chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
  - ☐ None of the anomalies listed above

MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

Diabetes
- ☐ Prepregnancy (Diagnosis prior to this pregnancy)
- ☐ Gestational (Diagnosis during this pregnancy)

Hypertension
- ☐ Prepregnancy (Chronic)
- ☐ Gestational (PIH, Preeclampsia)
- ☐ Eclampsia
- ☐ Previous preterm birth
- ☐ Other previous poor pregnancy outcome (Includes Perinatal death, small for gestational age intrauterine growth restricted birth)
- ☐ Pregnancy resulltfrom infertility treatment-if yes, check all that apply
- ☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
- ☐ Assisted reproductive technology (e.g., in vetro Fertilization (IVF), gamete intrafallopian transfer (GIFT)
- ☐ Mother had a previous cesarean delivery
  If yes, how many _____
- ☐ None of the above

OBSTETRIC PROCEDURES (Check all that apply)
- ☐ Cervical cerciage
- ☐ Tocolysis

External cephalic version:
- ☐ Successful
- ☐ Failed
- ☐ None of the above

ONSET OF LABOR (Check all that apply)
- ☐ Premature Rupture of the Membranes (prolonged,≥12 hrs.)
- ☐ Precipitous Labor (<3 hrs.)
- ☐ Prolonged Labor (≥20 hrs.)
- ☐ None of the above

METHOD OF DELIVERY

A. Was delivery with forceps attempted but unsuccessful?
☐ Yes ☐ No

B. Was delivery with vacuum extraction attempted but unsuccessful?
☐ Yes ☐ No

C. Fetal presentation at birth
☐ Cephalic ☐ Breech ☐ Other

D. Final route and method of delivery (Check one)
- ☐ Vaginal/Spontaneous
- ☐ Vaginal/Forceps
- ☐ Vaginal/Vacuum
- ☐ Cesarean

If cesarean, was a trial of labor attempted?
- ☐ Yes
- ☐ No

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ None of the above

CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)
- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38ºC (100.4ºF)
- ☐ Moderate/heavy Meconium staining of the amniotic fluid
- ☐ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- ☐ Epidural or spinal anesthesia during labor
- ☐ None of the above

MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)
- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operative room procedure following delivery
- ☐ None of these above

Questions concerning this form? Please contact us at (406) 444-0693

STATE OF MONTANA

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
PATERNITY ACKNOWLEDGMENT

There is no charge for the processing of this form within the first year of birth. Please note that there is a $41.00 processing fee after the first year of birth, payable to Montana Vital Records (via check, cashier's check, or money order). This fee covers one certified copy of the amended birth certificate to be sent upon completion. Also, please include a photocopy of either parent's current valid state ID with their current mailing address and phone number noted. Please send fee, ID, and original notarized form to: **Montana Vital Records: PO Box 4210, Helena MT 59604-4210**

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME (First, Middle, Last)	MAIDEN SURNAME	MOTHER'S DATE OF BIRTH
MOTHER'S STATE OF BIRTH (If not U.S.A. Give Country)	MOTHER'S RACE	SOCIAL SECURTIY NUMBER
FATHER'S NAME (First, Middle, Last)	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	EDUCATION (Elementary/Secondary) (0-12) College (1-5 or 5+)	SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH (If not U.S.A. Give Country)	FATHER'S OCCUPATION	FATHER'S PLACE OF EMPLOYMENT

BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statement are true and correct. When completed and filed with the state registrar this Paternity Acknowledgment establishes a father-child relationship identical to the relationship established when a child is born to married parents. ***NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.*** Upon signing this acknowledgment, it becomes your duty under law to provide support and care for the child as the parent. ***Do not sign*** this acknowledgment if you do not understand the legal effect of the document or you have doubts about the paternity of the child. ***If you wish to withdraw this acknowledgment, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.***

PLEASE PRINT/SIGN USING A BALLPOINT PEN

I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature _____
Address _____
City, State, Zip _____

Verification of Signer's ID is Mandatory

State of _____
County of _____
This document was signed and worn to (or affirmed) before me on _____ by _____
(Date) (Name of Signer)

_____
(Notary's Signature)

[Official Stamp]

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit

Father's Signature _____
Address _____
City, State, Zip _____

Verification of Signer's ID is Mandatory

State of _____
County of _____
This document was signed and worn to (or affirmed) before me on _____ by _____
(Date) (Name of Signer)

_____
(Notary's Signature)

[Official Stamp]

Print Form

Clear Form

Rev (11/23)

STATE OF MONTANA

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICEOF VITAL RECORDS
NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

I,_____, signed an acknowledgment of paternity for
(Your name)

_____ on_____.
(Child's name) (Date paternity acknowledgment was signed)

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within **60 days** of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department's vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

Signature: _____

Date: _____

Verification of Signer's ID is Mandatory

State of: _____

County of: _____

This Document was signed and sworn to (or affirmed) before me on _____

By _____ (Date)
(Name of Signer)

_____
(Notary Signature)

[Official Stamp]

INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE

You may file this document either in person or by mail.

In person at:

Office of Vital Records
111 Sanders St., Rm 6
Helena, MT 59620

Mail to:

Office of Vital Records
PO Box 4210
Helena, MT 59604

MONTANA VITAL RECORDS
111 N SANDERS RM 6 / PO BOX 4210
HELENA, MONTANA 59604-4210
Phone: 406-444-2685

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER A BIRTH CERTIFICATE?

Only those authorized by 50-15-121 MCA and 37.8.126 ARM, which includes the registrant (14 years old or older), the registrant's spouse, children (with proof of relationship), parents, grandparents (with proof of relationship), a caretaker relative, guardian, an authorized representative, or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights. Proof of relationship, guardianship, caretaker relative, or authorization is required to obtain a certified copy of a birth record.

Step-relatives, in-laws, aunts, uncles, cousins, ex-spouses, and a natural parent of an adoptive child are not eligible to receive a certified copy of a birth certificate.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

Suggested Identification

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature		OR
• Driver's License • State ID Card • Passport • Military ID Card • Tribal	• Social Security Card • Work ID Card • Car registration/Insurance • Doctor/Medical record • Fishing License • US Military DD214 • Utility Bill with a current address • Voter Registration Card	• Credit/Debit/ATM Card • School ID Card • Insurance Record • Pay Stub • Traffic/ Pawn ticket • Court record	• Have an authorized family member that has an ID order the certificate

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies **of both sides** of the ID when mailing your request. **IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.**

FEE (All fees must be U.S. funds)

- **CERTIFIED COPIES OF A BIRTH CERTIFICATE: Effective September 21, 2024** cost $16.00 each **(non-refundable)**
- **INFORMATIONAL COPIES OF A BIRTH CERTIFICATE** may be issued to anyone as long as the birth occurred 30 years prior to the date of application**, the cost is $16.00. (non-refundable)**
- **CERTIFIED COPIES OF DOCUMENTS** on file with the state (i.e. Acknowledgment of Paternity, correction affidavits), **the cost is $16.00 (non-refundable)**
- **SEARCHES**: $10.00 for the first 5 years searched, then $1.00 per year over the first five years per name requested. (An informational copy will be issued if record is found) **(non-refundable)**

Please Make CHECKS Payable To: MONTANA VITAL RECORDS

Please complete the following information.

FULL First, Middle and Last Name on Birth Certificate: _____

Has name ever been changed other than marriage ☐ No ☐ Yes If so, original name: _____

Date of Birth: _____ Place of Birth (City or County): _____ Sex of Child: _____

Mother's **Full Maiden** Name: _____

Father's Full Name: _____

Your relationship to the certificate holder: _____ *(self, mother, father etc.)* _____ # of copies needed

Reason Birth Certificate is needed: _____

Mailing or Delivery Address:

Name: _____

Address: _____ City, State, Zip: _____

Daytime Telephone Number: _____ Signature of Applicant: _____

Email Address: _____

Notary (For use if needed) **Verification of Signer's ID Is Mandatory**

State of _____
County of _____

This record was signed and sworn to (or affirmed) before me on _____ by
(Date)

_____
(Name of Applicant)

_____
(Notary's Signature) [Official Stamp]

Official Use Only

Date _____
Rec# _____
Amount _____
Cert # _____
Ser # _____
Comment

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)