TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR VERIFICATION OF BIRTH INFORMATION

THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER MADE PAYABLE TO TENNESSEE VITAL RECORDS FOR $15.00.

Name and mailing address where verification is to be sent:

Name of Individual or Requesting Agency **Date**

Street Address

City **State** **Zip**

Email Address: **Telephone No. ( )**

Sign Here (Must be original in ink, by hand) _____

Must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the State of Tennessee vital records. This does not guarantee that a record will be found.

Complete items 1-6 below if you have that information. This allows the Office of Vital Records to conduct a more accurate search.

A $15.00 fee is charged for the search of the vital records system of record. This fee is charged even if no record is found. The Office of Vital Records maintains births for the past 100 years. Earlier years may be obtained at the State Library & Archives.

1. Full name at Birth: _____
   First Middle Last
2. Date of Birth: _____
   Month Day Year
3. Sex: (Circle One) Male Female
4. City or County of Birth: _____
5. Mother's Name Prior to First Marriage: _____
   First Middle Last
6. Father's Full Name: _____
   First Middle Last Suffix

MAIL THIS APPLICATION TO:

Tennessee Department of Health
OFFICE OF VITAL RECORDS
Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243