REQUEST FOR CERTIFIED COPY OF A BIRTH RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VITAL RECORDS UNIT
SFN 8140 (10-2025)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name on Birth Record *(If adopted, list adoptive name)*	2. Sex ☐ Male ☐ Female
3. Date of Birth (Month, Day, Year)	4. Place of Birth (City, Township or County)
5. Full Name of Father (First, Middle, Last) *(If adopted, list adoptive father/parent name)*	
6. Full Name of Mother (First, Middle, **Maiden**) *(If adopted, list adoptive mother/parent name)*	
7. Number of Certified Copies Requested **($15.00 per copy requested)** _____ Certified (For all official purposes, including U.S. Passport, Driver's License, etc.) _____ Genealogy (For researching family history - not available for births occurring after 2005)	8. Fees: **(Check or Money Order)** **$** _____ **.00**

9. Requestor Relationship to Person on Line 1*

☐ Self (must be 16 or older) ☐ Mother/Father ☐ Public (Only if record is over 125 years old) ☐ Authorized Rep (include court order)
☐ Legal Guardian (must include guardianship papers - Social Services must also include employment photo ID)

* If individual on line #1 is *deceased*, **you must include a certified death certificate (which will be returned)** and indicate your relationship.
☐ spouse, ☐ parent, ☐ child, ☐ grandparent, or ☐ grandchild

Requestor MUST COMPLETE and SIGN and include their name, address and telephone number.

Requestor Signature	Date Signed
Requestor Printed Name	Daytime Telephone Number **( )**
Mailing Address (please include your Apartment Number, if applicable)	Apartment Number

City	State	ZIP Code

Shipping Options: (First Class Mail is the no cost default)

☐ First Class Mail ☐ FedEx - $25 (Add $5 for AK or HI) ☐ UPS - $30
☐ FedEx/UPS International - $100 ☐ Waive Signature - FedEx or UPS

IDENTIFICATION REQUIRED *- Requestor must submit A) One **Primary** form of ID;* **OR** *B) Two **Secondary** forms of ID;* **OR** *C) Submit a **Notarized** application. (Choose A or B or C) - Instructions for identification listed on back of the form)*

Date Subscribed and Sworn Before Me	My Commission Expires	SEAL
County	State	
Signature of Notary Public		

Warning *- NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.*

PLEASE DO NOT ENTER ANYTHING BELOW THE LINE - THIS PORTION FOR OFFICIAL VITAL RECORDS UNIT USE ONLY

Identification Verified	Fee Received

INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF A BIRTH RECORD

The Vital Records Unit can issue copies of birth certificates only for births that occurred in North Dakota. We have records on file starting with 1870 to the present. Proof of identification must be submitted by the requestor before we can issue a certified copy of a birth record. The requestor must submit legible **non-expired** copies of either A) One **PRIMARY** form of ID; or B) Two **SECONDARY** forms of ID; or C) Submit a **NOTARIZED** form. Specific instructions are below for each option:

A) **PRIMARY** Identification options: (Must show Name, Date of Birth and Expiration Date. If this information is listed on opposite sides of the ID, then we need a copy of both sides of the ID)
1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issued Passport or Visa
5. US Government issued Permanent Resident Card

B) Two **SECONDARY** Identification options: (We **cannot** accept two of the same documents. i.e., 2 bank statements)
1. Social Security Card
2. Medicare/Medicaid Card
3. Utility bill with the current address (within the last three months)
4. Bank Statement with the current address (within the last three months)
5. Pay Stub (within the last three months) or W-2 (issued for the previous tax year)
6. Motor Vehicle Registration Card for the current year with the current address
7. Tribal Enrollment Record - Issued by a Native American Tribe. Must contain Date of Birth.
8. DD Form 214 - Certificate of Release or Discharge from Active Duty

C) Submit a **NOTARIZED** form:
1. Requestor MUST sign and date the form in the presence of a Notary Public.
2. The Notary Public must complete all five notary fields on the front of the form.
3. The Notary Public must sign the form and affix their notary seal in the space provided.

The fee for a search of the files is $15; one search fee pays for one certified copy. Please make your check or money order payable to **ND DHHS**. We will issue a certified raised-seal paper copy for each copy requested. Once received in our office, copies are usually mailed in 3 to 5 business days **(this does not include the mailing time).** Certified copies **CANNOT** be faxed or emailed.

The certified copies will be sent by USPS First Class Mail unless you specify and include the additional funds for expedited shipping options. Copies to be sent by Federal Express*, UPS* or USPS Priority Mail are processed the same day, provided the request is in our office by 10:00 a.m. Central Time, otherwise they will be processed the next business day.
(*) - Federal Express and UPS cannot be used to send to U.S. PO Boxes

This form may be completed and **mailed** with fees to:

Department of Health and Human Services
Vital Records
600 East Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250

Our web site is at: www.hhs.nd.gov/vital

For questions, call our office at (701) 328-2360 or e-mail us at vitalrec@nd.gov