



REQUEST PROOF OF BIRTH OR TIME OF BIRTH

Date (yyyy/mm/dd): _____

I require proof of: **Birth** **Time of birth** For: Self Son Daughter

Please print

Date of Birth of Child (yyyy/mm/dd): _____

Child's Mother's Name: _____

Child's Mothers Maiden Name: _____

Child's Mothers Date of Birth (yyyy/mm/dd): _____

I can be reached at the following number(s): (Home): _____ (Cell): _____

I will be picking up the statement: Yes No

I consent to _____ picking up.

OR

I would like the statement to be mailed to the following address:

Patients Signature if over 16 years old:

Legal Guardian's Signature (if child is under 16 years old)

Fees:

Proof of Birth: \$ 30 plus tax \$ _____

Time of Birth: \$ 30 plus tax \$ _____