



INSTRUCTIONS - OUT OF FACILITY BIRTHS/HOMEBIRTHS HOW TO REPORT AND FILE A BIRTH CERTIFICATE

Idaho law states certificates of birth are to be filed within 15 days of the birth and **MUST** be filed before the child's first birthday. This packet provides the information needed to **begin** the process of filing your child's birth certificate. It is important to complete and return the attached worksheet as quickly as possible so we can prepare the official birth certificate, send it to you for the required signatures, and receive it back in our office before the child turns 1 year old.

Summary Instructions:

1. Read all information in this packet before completing the worksheet.
2. The information may be filled out online and printed or entered by hand. If entering the information by hand, use blue or black ink and make sure the information is neat and can be read.

Mail the completed worksheet and supporting documentation to:

IDAHO VITAL RECORDS
PO BOX 83720
BOISE, IDAHO 83720-0036

Worksheets and supporting documentation will not be accepted by e-mail or fax.

Who can file an Idaho birth certificate when the birth occurs outside a facility?

The birth certificate must be filed and signed by the certifier and a natural parent or legal guardian of the child. Please include copies of your guardianship papers with the worksheet if you are not a natural parent of the child. The certifier is any person other than the mother or father who was present at or arrived shortly after the birth. If a midwife was present at the birth, they must file and certify the birth certificate. If no one other than the parents were present at or shortly after the birth, the father will sign as the certifier. The birth must have occurred in the State of Idaho. If the birth occurred in a moving vehicle, the place of birth is recorded as the place the child was first removed from that vehicle.

Is there a fee to file the birth certificate?

There is no fee to file the properly signed birth certificate if it is received in this office before the child's first birthday. If a properly completed and signed certificate is not received before the child turns one year old, a delayed birth certificate will need to be filed. **Delayed birth certificates are subject to additional fees, require additional documentation, and are often subject to additional scrutiny by agencies such as Passport and Social Security.** Your child's birth certificate will serve them best if it is filed as promptly as possible.

How long will it take to file the certificate?

We will prepare the official certificate for signatures within 5 to 10 business days of receiving a properly completed worksheet. Properly signed certificates will be filed within 5 to 10 business days. The State Registrar may place a hold on issuing copies until sufficient documentary evidence is received that supports the birth occurred in Idaho, evidence of pregnancy, and that the child was born alive. Incomplete worksheets, affidavits, and insufficient documents will cause significant delays.



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What types of documents are required and where can I get them?

To prevent fraud, the facts of birth must be supported by verifiable documentation. It's important that you keep copies of that documentation in a safe place in case an agency such as Passport or Social Security asks to see it in the future.

- Proof the mother resides in the State of Idaho **dated within 30 days of the date of birth** (before or after): Copies of a monthly power bill or account statement are the most common types of acceptable proof we receive. If issued within 30 days of the date of birth, a copy of an Idaho driver's license, property tax statement, or car registration could also work. Documents mailed to a post office box are not acceptable proof of residence. If the mother does not reside in the State of Idaho, documentary proof that she was present in the state on the date of birth will be required.
- Proof of the mother's pregnancy: Copies of pregnancy lab results, pregnancy ultrasound, prenatal or postnatal care records from a licensed medical professional qualified to determine pregnancy, or insurance records that show pre-natal services billed for the mother. Photographs of over-the-counter pregnancy tests or of the mother are not acceptable.
- Proof the child was born alive: Evidence of medical services provided after the birth, well baby exam records, or newborn screening test records <https://healthandwelfare.idaho.gov/services-programs/children-families/dried-blood-spot-and-cchd-newborn-screening>.

What about the child's father?

- If the mother of the child was legally married at the time of conception, birth or anytime in between, her husband is the legal father of the child. He must be listed on the birth certificate unless natural paternity has been established by a court of law or Voluntary Acknowledgment of Paternity.
- If the mother of the child was not legally married to the natural father at the time of conception or birth of the child, a Voluntary Acknowledgment of Paternity Affidavit must be signed by both parents in the presence of a notary public. If the mother was married to another man who is not the father, he must also sign the affidavit stating he is not the father of the child. If you need an affidavit, e-mail your address to us at IVRLA@dhw.idaho.gov and ask for the paternity affidavit form.

How do I get a certified copy of the birth certificate?

Certified copies of the birth record are \$16.00 each. To order, indicate how many copies are wanted where indicated on the worksheet, or fill out the IDAHO VITAL RECORDS CERTIFICATE REQUEST form at the end of this packet. Proper identification and payment are required. If all required items are not included, the request for the certificate will be significantly delayed.

Who do I contact if I have more questions?

- healthandwelfare.idaho.gov/vitalrecords for forms and general certificate ordering information.
- IVRLA@dhw.idaho.gov to email questions about this process to the Bureau of Vital Records and Health Statistics.
- 208-334-5980, option 4 after the language prompt to reach a representative.



CERTIFICATE INFORMATION			
Complete each item - IF information is not known, enter "Unknown"			
Certificates are to be filed within 15 days of birth			
TYPE/PRINT IN PERMANENT BLACK INK - FOR INSTRUCTIONS, SEE PACKET OR CALL OUR OFFICE			
WARNING: Providing false or fraudulent information affecting any certificate is a felony punishable by Title 39, Chapter 2, Idaho Code.			

CHILD'S INFORMATION			
Child's First Name		Child's Middle Name	
Child's Last Name		Child's Suffix	
Time of Birth <input type="checkbox"/> AM <input type="checkbox"/> PM	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Mo/Day/Yr)	Social Security Number Requested for Child <input type="checkbox"/> Yes <input type="checkbox"/> No

PLACE OF BIRTH INFORMATION	
Address where delivery occurred - Street and Number, including Apt Number	
City, Town, or Location of Birth	County of Birth
Place where delivery occurred Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the mother live at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" who lives at this address? (specify) _____	

MOTHER'S INFORMATION			
Mother's Current Legal First Name		Mother's Current Legal Middle Name	
Mother's Current Legal Last Name		Mother's Maiden First Name (As listed on her own birth certificate)	
Mother's Maiden Middle Name (As listed on her own birth certificate)		Mother's Maiden Last Name (As listed on her own birth certificate)	
Date of Birth (Mo/Day/Yr)	Social Security Number	Birthplace (State, Territory, or Foreign Country)	
Residence of Mother - State	Residence of Mother - County	Residence of Mother - City, Town, or Location	Residence of Mother - Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Address - Street and Number, including Apt Number (at the time of this child's birth)			Mother's Address - Zip Code
Is Mailing Address Same as Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Street Number, including Apt Number or PO Box, City, State, Zip Code		
Mother's Daytime Phone Number		Mother's Email Address	
Is Mother married? (at birth, conception, or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", has Paternity Acknowledgment been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Mother married to the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Paternity Acknowledgment is required to list the biological father if he is not married to the mother			



FATHER'S INFORMATION		
Father's Current Legal First Name	Father's Current Legal Middle Name	
Father's Current Legal Last Name	Father's Current Legal Suffix	
Father's Date of Birth (Mo/Day/Yr)	Father's Social Security Number	Father's Birthplace (State, Territory, or Foreign Country)

WITNESS INFORMATION		
Full names of all person(s) who were present at the time of delivery and their title or relationship to the child. You may explain in the extra space below or use a separate sheet of paper if additional space is needed.		
Name: _____	Title/Relationship: _____	
Name: _____	Title/Relationship: _____	
Name: _____	Title/Relationship: _____	
Full names of all person(s) who arrived immediately after the delivery and their title or relationship to the child. You may explain in the extra space below or use a separate sheet of paper if additional space is needed.		
Name: _____	Title/Relationship: _____	Time of Arrival: _____
Name: _____	Title/Relationship: _____	Time of Arrival: _____
Name: _____	Title/Relationship: _____	Time of Arrival: _____

ADDITIONAL WITNESS INFORMATION <i>(Optional)</i>
Please use this space to give any additional witness details that will help us file the certificate.

MOTHER'S STATISTICAL INFORMATION
Mother's Education - Check the box that best describes the highest degree or level of school completed at the time of delivery <input type="checkbox"/> 8th grade or less (includes none) <input type="checkbox"/> 9th - 12th grade, but no diploma <input type="checkbox"/> High School Graduate, or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (eg, AA, AS) <input type="checkbox"/> Bachelor's degree (eg, AB, BA, BS) <input type="checkbox"/> Master's degree (eg, MA, MBA, MEd, MEng, MS, MSW) <input type="checkbox"/> Doctorate or Professional degree (eg, DDS, DO, DVM, EdD, JD, LLB, MD, PhD)
Mother of Hispanic Origin? - Check one or more boxes to best describe whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____
Mother's Race - Check one or more races to indicate what the mother considers herself to be <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native - Name of the enrolled or principal tribe: _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian - Specify: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander - Specify: _____ <input type="checkbox"/> Other - Specify: _____



FATHER'S STATISTICAL INFORMATION

Father's Education - Check the box that best describes the highest degree or level of school completed at the time of delivery

8th grade or less (includes none) 9th - 12th grade, but no diploma High School Graduate, or GED completed

Some college credit, but no degree Associate degree (eg, AA, AS) Bachelor's degree (eg, AB, BA, BS)

Master's degree (eg, MA, MBA, MEd, MEng, MS, MSW) Doctorate or Professional degree (eg, DDS, DO, DVM, EdD, JD, LLB, MD, PhD)

Father of Hispanic Origin? - Check one or more boxes to best describe whether the father is Spanish/Hispanic/Latino. Check the "No" box if 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

American Indian or Alaska Native - Name of the enrolled or principal tribe: _____

Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Specify: _____

Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander - Specify: _____

Other - Specify: _____

MEDICAL AND HEALTH INFORMATION (Complete each item)

Date of first prenatal care visit ____/____/____ (MM/DD/YYYY)	<input type="checkbox"/> No Prenatal Care	Date of last prenatal care visit ____/____/____ (MM/DD/YYYY)	<input type="checkbox"/> No Prenatal Care	Total number of prenatal visits for this pregnancy _____ (If none, enter "0")
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Mother's height _____ (feet/inches)	Mother's prepregnancy weight _____ (pounds)	Mother's weight at delivery _____ (pounds)	Did mother get WIC food for herself during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous Live Births (DO NOT INCLUDE THIS CHILD) Now Living Number: _____ <input type="checkbox"/> None Now Dead Number: _____ <input type="checkbox"/> None Date of last Live Birth: ____/____/____ (MM/YYYY)	Other Outcomes (spontaneous or induced losses or ectopic pregnancies) Number: _____ <input type="checkbox"/> None Date of last Other Pregnancy Outcome: ____/____/____ (MM/YYYY)	Date last normal menses began ____/____/____ (MM/DD/YYYY)
		Was syphilis serology performed for this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Cigarette smoking before and during pregnancy. For each time period, enter the number of cigarettes or the number of packs of cigarettes smoked. (IF NONE, ENTER "0") Average number of cigarettes or packs smoked per day

Three months before pregnancy: _____ # or cigarettes **OR** _____ # of packs First three months of pregnancy: _____ # or cigarettes **OR** _____ # of packs

Second three months of pregnancy: _____ # or cigarettes **OR** _____ # of packs Last three months of pregnancy: _____ # or cigarettes **OR** _____ # of packs

Principal source of payment for this delivery

Private Insurance Medicaid Self-Pay Indian Health Services Champus/TRICARE Other Government (Federal, State, Local)

Other None

Risk factors in this pregnancy (Check all that apply)

Diabetes - Prepregnancy (diagnosis prior to this pregnancy) Diabetes - Gestational (diagnosis in this pregnancy)

Hypertension - Prepregnancy (Chronic) Hypertension - Gestational (PIH, preeclampsia) Hypertension - Eclampsia Previous preterm birth

Other poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)

Pregnancy resulted from infertility treatment Fertility-enhancing drugs, Artificial insemination, or intrauterine insemination

Assisted reproductive technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

Mother had a previous cesarean delivery - If yes, how many? _____ None of the above

Infections present and/or treated during this pregnancy (Check all that apply):

Gonorrhea Syphilis HIV Infection Herpes Simplex Virus (HSV) Chlamydia Listeria Group B Streptococcus

Cytomegalovirus Parvovirus Toxoplasmosis Hepatitis B Hepatitis C Other -- Specify: _____

None



MEDICAL AND HEALTH INFORMATION <i>(Complete each item)</i>		
Obstetric Procedures (Check all that apply): <input type="checkbox"/> Cervical Cerclage <input type="checkbox"/> Tocolysis <input type="checkbox"/> External Cephalic Version - Successful <input type="checkbox"/> External Cephalic Version - Failed <input type="checkbox"/> None of the above		
Onset of labor (Check all that apply) <input type="checkbox"/> Premature rupture of the membranes (prolonged ≥ 12 hours) <input type="checkbox"/> Precipitous labor (< 3 hrs.) <input type="checkbox"/> Prolonged labor (≥ 20 hours) <input type="checkbox"/> None of the above		
Characteristics of labor and delivery (Check all that apply) <input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) <input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid <input type="checkbox"/> 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 <input type="checkbox"/> Epidural or spinal anesthesia during labor <input type="checkbox"/> None of the above		
Method of Delivery Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No Fetal presentation at birth (Check one) <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean - If Cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Maternal Morbidity - Complications associated with labor and delivery (check all that apply): <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned operating room procedure following delivery <input type="checkbox"/> None of the above		
Birth Weight (Check unit, grams preferred) <input type="checkbox"/> grams OR <input type="checkbox"/> lbs./oz. _____	Birth Length (Check unit) <input type="checkbox"/> centimeters OR <input type="checkbox"/> inches _____	Obstetric estimate of gestation _____ (completed weeks)
Apgar score Score at 5 minutes _____ If 5 minutes score is less than 6, Score at 10 minutes _____	Plurality (single, twin, triple, etc.) (Specify) _____ If not single birth (born first, second third, etc.) (Specify) _____	Is infant being breastfed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormal conditions of the newborn (check all that apply) <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture, peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> Failed newborn hearing test <input type="checkbox"/> None of the above		
Congenital anomalies of the newborn (check all that apply) <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastrochisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft lip with or without cleft palate <input type="checkbox"/> Cleft palate alone <input type="checkbox"/> Down Syndrome - Karyotype confirmed <input type="checkbox"/> Down Syndrome - Karyotype pending <input type="checkbox"/> Suspected other chromosomal disorder - Karyotype confirmed <input type="checkbox"/> Suspected other chromosomal disorder - Karyotype pending <input type="checkbox"/> Hypospadias <input type="checkbox"/> Microcephaly <input type="checkbox"/> None of the above		



MEDICAL AND HEALTH INFORMATION *(Complete each item)*

Critical Congenital Heart Disease Screening
 Pass Fail
 Not Screened (Specify) _____

Final Extremity Screen
 Upper _____% Lower _____% Hours of Life _____

Was an approved prophylactic agent used in infant's eyes?
 Yes No, religious objection No, infant transferred No, infant died No, other specific reason: _____

Was sample collected for newborn metabolic screening tests?
 Yes No, religious objection No, infant transferred No, infant died No, other specific reason: _____

Was infant transferred within 24 hours of delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of facility infant transferred to: _____	Is infant living at time of report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant transferred, status unknown
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ADDITIONAL INFORMATION

Was the mother examined by a medical professional after delivery? No Yes If yes, please provide a copy of the chart notes and visit summary.

Was the child examined by a medical professional after delivery? No Yes If yes, please provide a copy of the chart notes and visit summary.

Has the child received a newborn screening test? Yes If yes, please tell us the date: _____. No
 Please visit <https://healthandwelfare.idaho.gov/services-programs/children-families/about-newborn-screening> if you would like information.

Did the mother receive any prenatal care or midwifery services? No Yes If yes, please provide a copy of the chart notes and visit summary from the most recent visit.

Did the mother receive any prenatal tests such as a lab pregnancy test or an ultrasound? No Yes If yes, please provide a copy of the test results.

SIGNATURE INFORMATION

PER IDAHO CODE 39-273: FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING ANY CERTIFICATE IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS OR BOTH.

I declare under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Printed name of person completing this form	Signature of person completing this form
Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Date:
Mailing address, including Apt Number or PO Box, City, State, Zip Code of person completing this form	
Phone number of person completing this form	Email address of person completing this form

Total number of certificates at \$16.00 each you would like mailed to you after filing: _____

I have included a photocopy of my ID



IDAHO VITAL RECORDS CERTIFICATE REQUEST FORM BIRTH

!If you are requesting any type of change to the certificate, please use form Idaho Vital Records Certificate Request - Legal Action!
WARNING: False application for a certified copy of a vital record is a felony punishable by Title 39, Chapter 2, **Idaho Code.**

APPLICANT INFORMATION - ITEMS IN RED* ARE REQUIRED					
<input type="checkbox"/> MAIL ORDER TO APPLICANT ADDRESS			<input type="checkbox"/> MAIL ORDER TO OTHER NAME/ADDRESS		
APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*		MAIL TO NAME - FIRST	MAIL TO NAME - LAST	
APPLICANT STREET ADDRESS*			MAIL TO STREET ADDRESS		
APPLICANT CITY*	APPLICANT STATE*	APPLICANT ZIP CODE*	MAIL TO CITY	MAIL TO STATE	MAIL TO ZIP CODE
APPLICANT DAYTIME CONTACT PHONE NUMBER*			APPLICANT EMAIL ADDRESS*		

Sign this request. Include a copy of both sides of applicant's picture ID with your payment. (See page 2 for ID information)

APPLICANT SIGNATURE*:  _____

CERTIFICATE INFORMATION (Available from 1911)		
Number of ____ Certified Copies (computer generated)	Number of ____ Certified Photocopies (exact image)	
DATE OF BIRTH	CITY OF BIRTH IN IDAHO	STATE OF BIRTH IDAHO
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE

<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHOOSE ONE)
DOCUMENTARY PROOF OF RELATIONSHIP MAY BE REQUIRED FOR THE FOLLOWING: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Current Spouse <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent
DOCUMENTARY PROOF OF RELATIONSHIP WILL BE REQUIRED FOR THE FOLLOWING: - Include with order <input type="checkbox"/> Attorney <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (Specify):

PURPOSE FOR ORDERING THE CERTIFICATE (CHOOSE ONE)
<input type="checkbox"/> ID/Passport <input type="checkbox"/> Personal Records/Use <input type="checkbox"/> School/Sports <input type="checkbox"/> Legal Purposes <input type="checkbox"/> Insurance/Benefits <input type="checkbox"/> Family History
<input type="checkbox"/> Estate Settlement <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Other (Specify):

ORDER TOTALS	
Total number of certificates ordered: ____ at \$16.00* each	\$
Need RUSH service? <input type="checkbox"/> YES if checked, enclose additional \$10.00* and write RUSH on envelope	\$
TOTAL AMOUNT DUE	\$

Mail completed form and payment to:
 IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036
 For questions see our website or email IVR@dhw.idaho.gov



IDAHO VITAL RECORDS CERTIFICATE REQUEST INFORMATION

BIRTH

PLEASE READ THIS INFORMATION CAREFULLY. FAILURE TO DO SO COULD CAUSE A SIGNIFICANT DELAY IN PROCESSING.

A letter will be sent if the certificate you order cannot be located. The \$16.00 search fee will not be refunded per IDAPA 16.02.08 251 02.

Complete this request form and mail it to: IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036. Remember to sign your request. Enclose the correct fees and a copy of *both sides* of your signed picture ID.

To order online through VitalChek, please see our website at healthandwelfare.idaho.gov/vitalrecords. *Additional charges will apply.* All credit card orders are processed through VitalChek.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a Signature	OR Two Forms of CURRENT ID - One MUST have a Signature	OR
<ul style="list-style-type: none"> • Driver's License • State ID card • Passport • Tribal ID card • Concealed Weapons Permit • Prison ID card 	<ul style="list-style-type: none"> • Social Security Card with signature • Work ID card with picture or signature • Auto registration with signature • Traffic ticket with signature • Court record with signature • College/School ID with picture 	<ul style="list-style-type: none"> • Matricula card with signature • Insurance record • Auto insurance • Driver Permit • Pay stub • Hunting/Fishing license • Passport card
		<ul style="list-style-type: none"> • Notarized signature on the request (see below) • Have an immediate family member (that has current ID from the approved list) request it for you (Please note: proof of relationship may be required)

If you are unable to provide any of the above approved identification, take this completed form to a Notary Public to complete and sign below:

This instrument was signed or acknowledged before me in the County of _____, State of _____ on _____ Date
 by _____,
Printed name of applicant below

Whose identity is either personally known to me or was proven to me through acceptable documentary evidence to be signer below; and they acknowledge to me that they executed this signature for purpose of obtaining a certificate from the Idaho Bureau of Vital Records and Health Statistics.

Applicant Signature:		Notary Stamp/Seal
Notary Signature:		
Residing at:		
My commission expires:		

CERTIFICATE FEES

\$16.00 for each certified copy or search for a vital record. A Certified Copy is computer generated and is valid for most legal purposes. A Certified Photocopy is an exact image of the record on file in our office, and is valid for most legal purposes.

RUSH FEES

\$10.00 one-time charge to RUSH this order. Write **RUSH** on the outside of your envelope.

SHIPPING

There is no shipping charge for regular mail delivery via US mail. If you need faster shipping or order tracking, order online through vitalchek.com. *Additional charges will apply.* Certificates cannot be sent via email or fax.

PROCESSING TIMES

For current processing times, visit healthandwelfare.idaho.gov/vitalrecords. Most orders take 1-3 weeks to complete once received in our office. Most RUSH orders take 5-7 days once received in our office. **Current workload, staffing levels, missing or incomplete application information, or unresolved legal issues affecting certificates may impact actual processing times.**

SPECIAL HANDLING FEE FOR APOSTILLE

If you want us to send your certificate and completed apostille application to the Idaho Secretary of State, please visit healthandwelfare.idaho.gov/vitalrecords or call 208-334-5980 for instructions **BEFORE** sending the **\$10.00** special handling fee.

Make your SIGNED check or money order payable to **Idaho Vital Records**. All Vital Records fees may be combined and paid with ONE check or money order. **Please check your total carefully! Overpayments of less than \$10.00 are not refunded unless requested in writing.**