









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 <b>at the time of delivery</b> 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) <b>who arrived immediately after the delivery</b> 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** *(Complete each item)*

Obstetric Procedures (Check all that apply):

- Cervical Cerclage    Tocolysis    External Cephalic Version - Successful    External Cephalic Version - Failed  
 None of the above

Onset of labor (Check all that apply)

- Premature rupture of the membranes (prolonged  $\geq 12$  hours)    Precipitous labor (< 3 hrs.)    Prolonged labor ( $\geq 20$  hours)    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  $\geq 38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )  
 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

Method of Delivery

- Was delivery with forceps attempted but unsuccessful?  Yes  No  
 Was delivery with vacuum extraction attempted but unsuccessful?  Yes  No  
 Fetal presentation at birth (Check one)  Cephalic    Breech    Other  
 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

Maternal Morbidity - Complications associated with labor and delivery (check all that apply):

- Maternal transfusion    Third or fourth degree perineal laceration    Ruptured uterus    Unplanned hysterectomy  
 Admission to intensive care unit    Unplanned operating room procedure following delivery    None of the above

Birth Weight (Check unit, grams preferred)

grams OR  lbs./oz. \_\_\_\_\_

Birth Length (Check unit)

centimeters OR  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?

Yes

No

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, peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention)  
 Failed newborn hearing test    None of the above

Congenital anomalies of the newborn (check all that apply)

- Anencephaly    Meningocele/Spina bifida    Cyanotic congenital heart disease    Congenital diaphragmatic hernia    Omphalocele  
 Gastrochisis    Limb reduction defect (excluding congenital amputation and dwarfing syndromes)    Cleft lip with or without cleft palate  
 Cleft palate alone    Down Syndrome - Karyotype confirmed    Down Syndrome - Karyotype pending  
 Suspected other chromosomal disorder - Karyotype confirmed    Suspected other chromosomal disorder - Karyotype pending    Hypospadias  
 Microcephaly    None of the above





# 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\*:** ~~X~~ \_\_\_\_\_

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 <b>IDAHO</b>
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 <b>MAY</b> 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 <b>WILL</b> 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	\$
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

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](http://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"> <li>• Driver's License</li> <li>• State ID card</li> <li>• Passport</li> <li>• Tribal ID card</li> <li>• Concealed Weapons Permit</li> <li>• Prison ID card</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card with signature</li> <li>• Work ID card with picture or signature</li> <li>• Auto registration with signature</li> <li>• Traffic ticket with signature</li> <li>• Court record with signature</li> <li>• College/School ID with picture</li> </ul>	<ul style="list-style-type: none"> <li>• Matricula card with signature</li> <li>• Insurance record</li> <li>• Auto insurance</li> <li>• Driver Permit</li> <li>• Pay stub</li> <li>• Hunting/Fishing license</li> <li>• Passport card</li> </ul>
		<ul style="list-style-type: none"> <li>• Notarized signature on the request (see below)</li> <li>• 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)</li> </ul>

**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](http://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](http://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](http://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.**