



IDAHO VITAL RECORDS LEGAL ACTION  
AND CERTIFICATE REQUEST FORM  
BIRTH

**!THIS FORM SHOULD ONLY BE USED FOR REQUESTING A CHANGE TO A CERTIFICATE OR FILING A DELAYED RECORD!**

**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

MAIL ORDER TO APPLICANT ADDRESS

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

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

MOTHER  FATHER

FIRST NAME

MIDDLE NAME

LAST NAME

LAST NAME AT BIRTH

MOTHER  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:

Self  Parent  Child  Current Spouse  Brother/Sister  Grandchild  Maternal Grandparent  Paternal Grandparent

DOCUMENTARY PROOF OF RELATIONSHIP **WILL** BE REQUIRED FOR THE FOLLOWING: - Include with order

Attorney  Legal Guardian  Government Agency  Other (Specify):

CHANGE(S) TO THE CERTIFICATE AND ORDER TOTALS

Correction\*\* - made within the first year (**No Charge**)  Correction\*\* - made after the first year **\$20.00**

**\*\*see back of form to enter correction information**

Exchange (Corrections only)\*\* **\$5.00 each**

Paternity **\$20.00**  Adoption **\$20.00**  Surrogacy **\$20.00**

**Number of exchanges requested: \_\_\_\_\_**

Delayed Record Filing **\$25.00**  Court Ordered Name Change **\$20.00**

**\$**

Total number of certificates ordered:        at **\$16.00\*** each plus change(s) to certificate

**\$**

Need RUSH service?  YES if checked, enclose additional **\$25.00\*** 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 [IVRLA@dhw.idaho.gov](mailto:IVRLA@dhw.idaho.gov)



**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. Remember to sign your request. Enclose the correct fees and a copy of *both sides* of your signed picture ID.

**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>

**CORRECTION INFORMATION**

	Description of Item on the Certificate	Incorrect Information (as currently shown on the certificate)	Corrected Information (how it should be shown on the certificate)
<b>EXAMPLE</b>	<i>Mother's Last Name at Birth</i>	<i>Smithe</i>	<i>Smith</i>
Item #1			
Item #2			
Item #3			
Item #4			
Item #5			

**FOR CORRECTIONS ONLY:**

You will be mailed additional information and forms to make the changes requested. A **\$20.00** fee will be charged for changes made more than one year after the event. Previously issued certificates may be exchanged for **\$5.00** each within 60 days of a completed correction.

**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.

**LEGAL ACTION RUSH FEES**

**\$25.00** 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, include a self-addressed prepaid express envelope with your order. 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.**