

## Vital Records Birth Application

A photocopy of a current government, school or employer photo identification of the applicant must be submitted with all requests.  
Applications without proper identification will be returned unprocessed.

Name of applicant: \_\_\_\_\_ Day phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

Note: Mail from Vital Records will not be forwarded by the USPS.

Address certificate to be mailed to if different than applicant's address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Your relationship to person named on the certificate. (Check one - will be used to determine entitlement)

\_\_\_\_ Self      \_\_\_\_ Legal Guardian      \_\_\_\_ Legal Representative (for whom?) \_\_\_\_\_

\_\_\_\_ Parent      \_\_\_\_ Other (specify) \_\_\_\_\_

For what purpose are you requesting this certificate? \_\_\_\_\_

By signing this application, I understand that making a false application for a vital record is a felony under state law.

Signature of applicant: \_\_\_\_\_

### INFORMATION FOR BIRTH CERTIFICATE BEING REQUESTED:

Full name: \_\_\_\_\_  
First Middle Last Suffix

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ City of birth: \_\_\_\_\_ County of birth: \_\_\_\_\_

Name of mother/parent prior to first marriage: \_\_\_\_\_  
First Middle Last

Name of father/parent prior to first marriage: \_\_\_\_\_  
First Middle Last

Mother/parent state or foreign country of birth: \_\_\_\_\_ Father/parent state or foreign country of birth: \_\_\_\_\_

Were parents married at time of birth: \_\_\_\_ Yes \_\_\_\_ No      Number of children born in SC to this mother/parent? \_\_\_\_\_

Name at birth if ever changed for any reason other than marriage: \_\_\_\_\_

### FEES

**SEARCH FEE:** A \$12 "search fee" is required by SC Law Section 44-63-110. The \$12 search fee is non-refundable. The required search fee includes one (1) certification if record is located. Additional copies purchased at the same time are \$3 each. All request types with an expected processing time of ten (10) business days or less, including onsite customer service, will be charged an additional \$5 expedite fee. Acceptable methods of payment for mail requests are a money order or cashier's check made payable to SC DHEC. Onsite customer service also accepts credit and debit cards and cash.

Required Search Fee (Non-refundable, Includes one copy if found) .....	\$12.00	\$12.00
Each additional copy .....	x \$3.00	
Expedite Fee (Not applicable to mail-in requests. See back for details.) .....	(Number of additional copies) \$5.00	\$5.00

Total fees submitted: \_\_\_\_\_

OFFICE USE ONLY

SFN:

DCN: