



DATE _____

**CITY OF FLORA
APPLICATION FOR SEARCH OF BIRTH RECORD FILES**

CERTIFIED
\$10.00 first copy \$3.00 each additional copy

Amount enclosed \$ _____ for
 _____ total copies

YOUR RELATIONSHIP TO PERSON

INTENDED USE OF DOCUMENT

FULL NAME	FIRST	MIDDLE	LAST NAME (prior to first marriage/civil union)	
PLACE OF BIRTH	Hospital	City or Town	County	State
DATE OF BIRTH	Month	Day	Year	BIRTH FILE NUMBER, IF KNOWN
FATHER/CO-PARENT'S NAME				
First	Middle	Last name prior to first marriage/civil union	Current legal last name	
MOTHER/CO-PARENT'S NAME				
First	Middle	Last name prior to first marriage/civil union	Current legal last name	

INDIVIDUAL REQUESTING COPIES

MAIL RECORD (S) TO: (If other than applicant)

PRINT NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____

NAME _____

AGENCY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

NOTE: Birth Certificates are confidential records and copies can *only* be issued to persons entitled to receive them. The application must indicate the requestor's relationship to the person and the intended use of the document.