

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS



Kentucky Public Health
Prevent. Promote. Protect.

BIRTH

****DCBS ELECTRONIC REQUEST****
CERTIFICATE OF LIVE BIRTH

Directions: Fill out Sections 1, 2 and 3 completely, then submit the completed form to CHFSDCBS.FERequest@ky.gov or if assistance is needed.

Section 1 BIRTH CERTIFICATE INFORMATION					
1. Full Legal Name of Registrant:	<i>First</i>	<i>Middle</i>	<i>Last</i>		
2. If child has been adopted, please provide original birth name, if known:	<i>First</i>	<i>Middle</i>	<i>Last</i>		
3. Date of Birth:	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Sex</i>	<i>Age Last Birthday (<21)</i>
4. Place of Birth:	<i>Kentucky City or Town</i>	<i>Kentucky County</i>	<i>Name of Hospital</i>		
5. Mother's Maiden Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>		
6. Father's Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>		
7. Requestor (check):					
<input type="checkbox"/> Youth Email: _____ Phone Number: _____					

8. Birth Certificate to be: MAILED or PICKED-UP* (DCBS agent or child aging out of system only)

Section 2 MAILING ADDRESS (If Requesting Birth Certificate to be Mailed)		
9. Address:	10. City:	
11. County:	12. State:	13. Zip:

Section 3 Below Completed by DCBS Staff Only:			
If being requested by Youth (To be completed by DCBS Rep)			
DCBS Verifier's Information			
14. Full Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>
15. DCBS Representative's Title:	16. Address:		
17. Primary Phone Number:	18. Phone Extension:		
19. Verifier's Signature:			20. Date:
21. Youth's DCBS Case Number:			

DO NOT WRITE IN THIS SPACE	
Volume	
Certificate	
Year	
Date	
Searched by	

KRS 213.141 Fee for Certified Copies
213.141 (4)(c) No fee or compensation shall be allowed or paid for furnishing a certificate of birth to a child who is in the custody of or committed to the cabinet, including a child who has extended commitment to the cabinet in accordance with KRS 610.110(6).

_____ Certified Copies @ \$0.00 each = \$ Fee Exempt
How many **Total payment**