#### THE VIRGIN ISLANDS OF THE UNITED STATES DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS

## **APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

Do Not Complete This Application Before Reading The Instructions And Information On The Back Of This Form

#### PART A. TYPE OF CERTIFIED COPY REQUESTED:

CHECK ONE: Birth Verification Fee <u>\$6.00</u> A verification is an abstract from the birth record that gives the name and date of birth. Birth CertificateFee \$15.00A certificate is an abstract from the birthrecord that gives the name, date of birth, gender,place of birth and parents' names.

## PART B. ELIGIBILITY:

CHECK ONE:I am the person listed on the record and am at least 18 years.I am a parent or legal guardian of the minor person listed on the record.I am a party entitled to receive the record as a result of a court order or power of attorney.I am an attorney representing the person listed on the record.

PART C	<u>. DISTRICT</u>	<u>APPLYING TO:</u>	CHECK ONE -	St. Croix District

St. Thomas/St. John District

### PART D. BIRTH RECORD INFORMATION:

First Name On Record	Middle Name On I	Middle Name On Record		Last Name On Record		
Date Of Birth – mm/dd/yy	Place Of Birth (City And Island)		G	ender (Check	a One)	
				Male	Female	
Father's Name	Father's P	Father's Place Of Birth				
Father's Physical Address (At Time Of Birth Of Person Whose Record Is Requested)		I	Father's Age At Birth (Of Person Whose Record Is Requested)			
Mother's Name		Mother's F	Mother's Place Of Birth			
Mother's Physical Address (At Tin	ne Of Birth Of Person Whose Record Is Requested)		Mother's Age A Requested)	t Birth (Of Person	n Whose Record Is	

## PART E. APPLICANT INFORMATION:

Applicant's First Name	oplicant's Middle Name Applicant's Last Name					
Applicant's Mailing Address			State	City		Zip Code
Type Of Photo Id	Photo Id#	Relationship To Person on Record				
Purpose For Which Record Is Requested			Amount	Enclosed	Money Or	der ID #

#### PART F. MAIL COPY OF RECORD TO: (ONLY COMPLETE THIS SECTION IF FORWARDING ADDRESS IS DIFFERENT FROM APPLICANT'S MAILING ADDRESS)

First Name	Middle Name	Last Name		
Mailing Address		State	City	Zip Code
			(	)

Signature Of Applicant	Physical Ac Do Not Complet	esence Of A Notary	Date Public	Telephone #	
Sworn To And Subscribed B	efore Me This	Day Of	Year	WITNESS My	Hand And Official Seal.
(Notary Public's Signature)					

# **INSTRUCTIONS**

Please submit the following:

### 1. Completed, notarized application <u>TO THE DISTRICT WHERE THE BIRTH OCCURRED.</u>

or

Virgin Islands Department of Health St. Thomas/St. John District Office of Vital Records and Statistics 1303 Hospital Ground, Suite 10 St. Thomas, VI 00802. Virgin Islands Department of Health
St. Croix District
Office of Vital Records and Statistics
3500 Estate Richmond
St. Croix, VI 00820.

- 2. Photocopy of your valid, picture identification document such as your driver's license, passport, military identification card, permanent resident card, state issued identification card, employee identification card, or school identification card.
- 3. Certified copy of court/appointment document if applying as legal representative or legal guardian.
- 4. United States Postal Money Order in the amount of \$15.00, made payable to the Virgin Islands Department of Health. (NO PERSONAL CHECKS WILL BE ACCEPTED)
- 5. Stamped envelope in the amount of \$5.60 for return by certified mail or \$18.30 for return by express mail.

## **INFORMATION**

- Submittal of an incomplete application will delay processing.
- If a record is not found, a certified "No record found" letter will be issued.
- Walk-in Service is available between 8:30 A.M. and 3:00 P.M. at the following locations:

Virgin Islands Department of Health John Moorehead Complex, Hospital Ground (located directly behind Lionel Roberts Stadium) St. Thomas, VI Tel#: (340) 774-9000 ext. 4685.

Virgin Islands Department of Health Charles Harwood Memorial Complex 3500 Estate Richmond, Christiansted St. Croix, VI Tel#: (340) 773-1311 ext. 3086.

Virgin Islands Department of Health Morris F. De Castro Clinic B and C Strand Street, Cruz Bay St. John, VI Tel#: (340) 776-6400 ext. 6014.