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. DISTRICT APPLYING TO:	CHECK ONE -	St. Croix District
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St. Thomas/St. John District

PART D. BIRTH RECORD INFORMATION:

First Name On Record	Middle Name On Record	Last Name	Last Name On Record		
Date Of Birth – mm/dd/yy	Place Of Birth (City And Island)		Gender (Check	COne)	
			Male	Female	
Father's Name		Father's Place Of Birt	h		
Father's Physical Address (At Time Of	f Birth Of Person Whose Record Is Requested)	Father's Ag Requested)	ge At Birth (Of Person	Whose Record Is	
Mother's Name		Mother's Place Of Birt	th		
Mother's Physical Address (At Time of	Of Birth Of Person Whose Record Is Requested)	Mother's A ₃ Requested)	ge At Birth <mark>(Of Persor</mark>	<mark>1 Whose Record Is</mark>	

PART E. APPLICANT INFORMATION:

Applicant's First Name	Applicant's Middle Name	Applicant's Last Name				
Applicant's Mailing Address			State	City		Zip Code
Type Of Photo Id	Photo Id#	Relat	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 Addr Do Not Complete E		resence Of A Notary Pub	<mark>Date</mark> l <mark>lic</mark>	() Telephone #
Sworn To And Subscribed E	Before Me This	Day Of	WIT	NESS My Han	d 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.

\$24.70

- 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)

\$6.99

Stamped envelope in the amount of \$5.60 for return by certified mail or \$18.30 for return by express mail. \$6.70 For Return by Priority Mail

\$10.20 For Return by Priority with Certified

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. (340) 718-1311 ext. 3088 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.