

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 \$6.00
A verification is an abstract from the birth record that gives the name and date of birth.

Birth Certificate Fee \$15.00
A certificate is an abstract from the birth record that gives the name, date of birth, gender, place of birth and parents' names.

PART B. ELIGIBILITY:

BIRTH VERIFICATION Anyone may apply for a death verification.

BIRTH VERIFICATION 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.
 I am an attorney representing the person listed on the record.

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

PART D. BIRTH RECORD INFORMATION:

First Name on Record		Middle Name on Record	Last Name on Record	
Date of Birth – mm/dd/yy	Place of Birth (City and Island)		Gender (Check One) Male <input type="checkbox"/> Female <input type="checkbox"/>	
Mother's / Parent's Name		Mother's / Parent's Place of Birth		
Mother's / Parent's Physical Address (At Time of Birth of Person Whose Record Is Requested)		Mother's / Parent's Age at Birth (Of Person Whose Record Is Requested)		
Father's / Parent's Name		Father's / Parent's Place of Birth		
Father's / Parent's Physical Address (At Time of Birth of Person Whose Record Is Requested)		Father's / Parent's Age at Birth (Of Person Whose Record Is Requested)		

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#		Relationship to Person on Record		
Purpose for Which Record is Requested			Amount Enclosed	Money Order 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		Number of Copies	State	City	Zip Code

Signature of Applicant _____ Physical Address _____ Date _____ Telephone # _____

Do Not Complete Below Unless In The Presence Of A Notary Public

Sworn To And Subscribed Before Me This _____ Day Of _____, _____, WITNESS My Hand And Official Seal.

Day Month Yea

(Notary Public's Signature)

INSTRUCTIONS

Please submit the following:

1. Completed, notarized application ***TO THE DISTRICT WHERE THE BIRTH OCCURRED.***

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.

or

Virgin Islands Department of Health
St. Croix District
Office of Vital Records and Statistics
4006 Estate Diamond, Suite 104
St. Croix, VI 00820.

2. Photocopy of your valid picture identification document such as your driver's license, passport card, military identification card, permanent resident card, TWIC card, valid voter's card, state issued identification card, or senior citizen's 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. Court Order amendments is an additional fee of **\$30.00**. **Please call the office for additional information.**
6. A returned stamped envelope must be sent with the application and must have the returned address to return the Birth Certificate(s).

SEE POSTAL CARRIER FOR RATES
(U.S. PRIORITY OR EXPRESS MAIL, FEDEX, DHL, UPS)

7. Submittal of an incomplete application will delay processing.
8. If a record is not found, a certified "No Record Found" letter will be issued.
9. If an application is incomplete and applicant is unreachable by phone, a "Missing Information" letter will be issued. It is very important to provide all required information on the application.

CONTACT INFORMATION

Virgin Islands Department of Health
Office of Vital Records and Statistics
St. Thomas, VI
Tel#: (340) 774-9000
Ext. 4685/4681/4683
Tel#: (340) 715-5116 or
(340) 715-5117

Virgin Islands Department of Health
Office of Vital Records and Statistics
St. Croix, VI
Cell#: (340) 643-6302
Tel#: (340) 712-0117/(340) 712-0119
(340) 712-0116 or (340) 712-0118

Virgin Islands Department of Health
Office of Vital Records and Statistics
St. John, VI
Tel#: (340) 776-6400
Ext. 6014