

Authorization to Release a Birth Record

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(name of person eligible for record) (name of person to obtain record)

**MUST SHOW VALID ID**

to obtain the Birth record of \_\_\_\_\_  
(name of person on record to be released)

Date of Birth: \_\_\_\_\_

Mother' First and Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

Witnessing or attesting a signature

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed (or subscribed or attested) before me on \_\_\_\_\_  
date

By \_\_\_\_\_  
Name of person

Seal

\_\_\_\_\_  
Signature of notary public