

Authorization to Release a Birth Record

Date: _____

Phone# _____

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