

**Richland County Clerk and Recorder Office**

201 West Main Street

Sidney MT 59270

Phone 433-1708

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**WHO CAN ORDER A BIRTH CERTIFICATE?**

Only those authorized by 50-15-121 MCA, which includes the registrant (14 years old or older), the registrant's spouse, children (with proof of relationship), parents, or guardian, or an authorized representative, or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights, proof of relationship, guardianship, or authorization is required may obtain certified copy of a birth record.

Step-relatives, in-laws, grandparents, aunts, uncles, cousins, ex-spouses, and a natural parent of an adoptive child are not eligible to receive a certified copy of a birth certificate.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

**Suggested Identification**

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature		OR
<ul style="list-style-type: none"> <li>• Driver's License</li> <li>• State ID Card</li> <li>• Passport</li> <li>• Military ID Card</li> <li>• Tribal</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Work ID Card</li> <li>• Car registration/Insurance</li> <li>• Doctor/Medical record</li> <li>• Fishing License</li> <li>• US Military DD214</li> <li>• Utility Bill with a current address</li> <li>• Voter Registration Card</li> </ul>	<ul style="list-style-type: none"> <li>• Credit/Debit/ATM Card</li> <li>• School ID Card</li> <li>• Library Card</li> <li>• Insurance Record</li> <li>• Pay Stub</li> <li>• Traffic/ Pawn ticket</li> <li>• Court record</li> <li>• Year Book</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy)</li> <li>• Have an authorized family member that has an ID order the certificate</li> </ul>

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies of **both sides** of the ID when mailing your request

**IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.**

**FEE (All fees must be U.S. funds)**

- **CERTIFIED COPIES OF A BIRTH CERTIFICATE** cost \$ 5.00 for the first copy, \$5.00 for each additional copy of the same record. **(non-refundable)**
- **INFORMATIONAL COPIES OF A BIRTH CERTIFICATE** may be issued to anyone as long as the birth occurred 30 years prior to the date of application, **the cost is \$ 1.00 (non-refundable)**
- **SEARCHES:** \$.50 for each year searched

**Please complete the following information.**

**FULL** First, Middle and Last Name on Birth Certificate: \_\_\_\_\_

Has name ever been changed other than marriage  No  Yes if so original name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City or County): \_\_\_\_\_

Mother's **Full Maiden** Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ # of copies needed

Your relationship to the certificate holder : \_\_\_\_\_ ( self, mother, father etc) Reason the Birth Certificate is needed: \_\_\_\_\_

**Mailing or Delivery Address:**

Name: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

**Notary (For use if needed)**

\_\_\_\_\_ personally appeared before me and whose identity I proved on

the basis of satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_ My commission Expires \_\_\_\_\_

**SEAL**

**Official Use Only**

Date \_\_\_\_\_

Rec# \_\_\_\_\_

Amount \_\_\_\_\_

Cert # \_\_\_\_\_

Ser # \_\_\_\_\_

Comment \_\_\_\_\_

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)**