

Grandparent APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

(50-15-121, MCA)

COMPLETE ALL ITEMS BELOW

INSTRUCTIONS: This form must be COMPLETED AND NOTARIZED before a Certified birth certificate will be issued. If requesting in person, in our office, a PHOTO ID for PROOF OF IDENTITY must be presented.

FEE ~ \$5.00 PER BIRTH CERTIFICATE

Applicant Information	THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION		
	YOUR Name (Please Print)		
	YOUR Signature		
	YOUR Daytime Telephone Number	Purpose for which this record is needed	
	Your Street Address		
City/State/Zip			
Relation to Person Named on Certificate	The above named applicant is related to the person named on the Birth Certificate being requested as:		
	(Please circle one)		
	Self	Parent	Guardian **
	Spouse	Child	Authorized Representative **
		Grandparent > > >	Maternal
		> > >	Paternal
** PROOF of Guardianship, or NOTARIZED PROOF of authorization representation MUST be PRESENTED with this form.			
Birth Information	First Name	Middle Name	Last Name At Birth
	Date of Birth	City/Town	County
	Mother's First Name	Middle Name	Maiden Name
	Father's First Name	Middle Name	Last Name
Grandparent's First Name	Middle Name	Last Name (Maiden if applies)	
Office Use	Identification Presented <input type="checkbox"/>		
	On this _____ day of _____, 20____ before me, the undersigned, a Notary Public for the State of _____, personally appeared _____, known to me or proved to me AFTER PRESENTATION OF IDENTIFICATION, that he or she is the person signing the affidavit on this application.		
	Notary Signature _____		
	Printed Name of Notary _____		Notary Seal
	Notary public State of _____		
Residing At: _____			
My Commission Expires: _____			

▶ ▶ ▶ **NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY & KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT OR CERTIFIED COPY MADE, ALTERED, AMENDED OR MUTILATED.**

(50-15-114 (C),MCA)