APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

HILL COUNTY CLERK & RECORDER, 315 4TH ST, HAVRE MT 59501 406-400-2412 http://hillcounty.us 50-15-121 MCA & 7-4-2631 MCA

INSTRUCTIONS: This form

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 ~ \$8.00 PER BIRTH CERTIFICATE

	Z	THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION			
Applicant		YOUR Name (Please Print)			
		YOUR Signature			
	Pin	YOUR Daytime Telephone Number		Purpose for which this record is needed	
		Your Street Address			
		City/State/Zip			
Relation to Person	क	The above named applicant is related to the person named on the Birth Certificate being requested as:			
	ifica	(Please circle one)			
	E	Self	Parent	Guardian **	
	d on	Spouse	Child	Authorized	Representative **
	Named on Certificate	** PROOF of Guardianship, or NOTARIZED PROOF of authorization representation MUST be PRESENTED with this form.			
Birth	nformation	First Name	Middle Name		Last Name At Birth
	<u>25</u>	Date of Birth	City/Town		County
	S S S				
		Mother's First Name	N	Middle Name	Maiden Name
	<u> </u>				
		Father's First Name	N	Middle Name	Last Name
12		Identification Presented			
		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 AFT PRESENTATION OF IDENTIFICATION, that he or she is the person signing the affidavit on this application.			
(G)	W				
47		Notary Signature			
		Printed Name of Notary			Notary Seal
V		Notary public State of			
	-	Residing At:			
		My Commission Expires:			
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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 MUTILATEL