

BIRH RECORD SEARCH APPLICATION
New Mexico Department of Health
Bureau of Vital Records and Health Statistics
Mailing Address: PO Box 25767 ♦ **Albuquerque, NM 87125**
www.vitalrecords.nm.org 1-800-866-534-0051

Warning: False application for a vital record is a criminal offense and punishable by fine and/or imprisonment.
 Complete each item on application legibly. An incomplete application will be returned.
 New Mexico Vital Records requires a photocopy of your government issued picture identification.

1. APPLICANT INFORMATION: Individual Applicant Agency/Organization Applicant

Name of Applicant__Print First, Middle, Last Name	If Agency, Enter Full Name of Agency or Organization:
Mailing Address:	
If Mailing Address is a PO Box, please also provide your physical address.	
City, State, Zip Code	
Daytime Area Code and Telephone Number ()	

Only immediate family is eligible to obtain a vital record. Immediate family is defined as registrant's mother, father, sibling, child, grandchild, current spouse, maternal-grandparent and paternal-grandparent. Father and paternal grandparent are only eligible if father is listed on birth record. Non-immediate family must provide tangible proof of legal interest for requested record.

2. Applicant's Relationship: Indicate applicant's relationship to the person on the birth certificate

3. Registrant's Full Name at Birth: Print the First, Middle and Last name of the person on certificate.

Date of birth: Month/Day/Year Place of birth: City/County
 , New Mexico

Mother's Full Maiden Name Father's Full Name

The fee is for the search of the record and will include one certified copy of record is available. A fee is non-refundable if record is not filed. Please allow 4-6 weeks for order processing. **Make payment payable to: New Mexico Vital Records**

4. Payment & Quantity @ \$ 10.00 fee per certified copy

Quantity of certificates requested: _____

Payment Amount Enclosed: \$ _____

Certified Check Check No _____

Money Order

5. Purpose of Request: Check the reason(s) for use

Newborn Social Security Medicaid

Genealogy Tax Purpose Estate/Probate

Discharge Loan

Other (state other reason): _____

6. Applicant Identification Type: State ID Issued: _____
 Identification Number: _____ Expiration Date: _____

_____ _____
Signature of Applicant **Date of Application**