

ALABAMA

REQUEST FOR CERTIFIED COPY OF ACKNOWLEDGEMENT OF PATERNITY

The fee for a record search is \$15.00, which includes the cost of one certified copy OR Certificate of Failure to Find. For additional copies of the same record ordered at the same time, the fee is \$6.00 each. Make check or money order payable to the "State Board of Health." Fees are non-refundable. You must complete and sign the Applicant Section or your request cannot be processed.

MAIL THIS FORM TO:

ALABAMA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH STATISTICS
PO BOX 5625
Montgomery, AL 36103-5625
MONTGOMERY, AL 36103-5625

Number of Copies _____ Amount Paid _____

FULL NAME
OF CHILD _____
First Middle Last

DATE OF BIRTH _____ SEX _____

COUNTY OF BIRTH _____ HOSPITAL _____

FULL MAIDEN
NAME OF MOTHER _____

FULL NAME
OF FATHER _____

APPLICANT SECTION (THIS SECTION MUST BE COMPLETED)

Falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to \$500. Code of Alabama 1975, § 13A-10-109.

By signing , you are certifying you have a legal right to the record requested.

Your Signature _____ Date _____

Print Your Name _____ Daytime Phone(____) _____

Address _____

City _____ State _____ Zip _____

Relationship (To person whose record is being requested) _____

Reason For Request (if not immediate family) _____