

MEDICAL BIRTH INFORMATION REQUEST

To request access to and/or copies of the "INFORMATION FOR MEDICAL AND HEALTH USE ONLY" section on the certificate of birth for

_____ ,

date of birth _____ .

I request access because I am:

- The individual to who the record attests.
- The parent or guardian of the individual.
- A lineal descendant of the individual.
- A state, local or federal law enforcement agent from:

_____ .

I affirm the information I have supplied on this form is complete and true to the best of my knowledge and belief. I have attached a copy of documentation that confirms my right to access the medical information.

Signature: _____ Date: _____