

**ALABAMA CENTER FOR HEALTH STATISTICS
PROBATE LEGITIMATION INFORMATION SHEET &
REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

Send this form with court order to:

Center For Health Statistics, P.O. Box 5625, Montgomery, AL 36103-5625

I. Child's Information

Full name **at birth**: _____
(*Capitalize last name*)

Full name **after legitimation**: _____
(*Capitalize last name*)

Date of birth: _____ County of birth: _____

II. Mother's Information

Full maiden name: _____

Current legal name: _____

Date of birth: _____

Mailing Address: _____

Telephone Number: (_____) _____

III. Father's Information

Full name: _____

Date of birth: _____ State of birth: _____

Mailing Address: _____

Telephone Number: (_____) _____

IV. Applicant Section (To obtain a certified copy of the new birth certificate.)

The fee is \$25.00, which includes one copy of the certificate. This fee must be paid before a new certificate is issued. Additional copies of the same record ordered at the same time are \$6.00 each. Payment must be made by check or money order payable to the **State Board of Health**. # Copies: _____ Amt. Paid: \$_____

Signature of mother or father: _____

Send birth certificate to (check one): Mother () Father () at address above.