



Public Health
Prevent. Promote. Protect.

Carroll County General Health District

Application for Birth/Death Certificates

FEE: \$27.00 per certified copy

Effective 10/16/2009

Per Board of Health 09/16/2009

Full Name _____
of person at birth/death

Date of Birth/Death _____ Place _____

Number of Certified Copies Requested _____

Please complete the following section for
BIRTH CERTIFICATES ONLY

Father's Name _____

Mother's Maiden Name _____

All Applicants must complete the following:



Date _____

Applicant's Name _____

Applicant's Signature _____

Address _____



For office use only: Method of Payment _____ Check _____ Cash

Certificate Number(s) _____