

## TENNESSEE DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS

## APPLICATION FOR CERTIFIED COPY OF A REPORT OF FOREIGN BIRTH

For Persons Adopted in a Foreign Country by Tennessee Residents

(La versión en español al reverso de la página)

Full name on report of foreign birth:	Date:		-				Number of Copies Enclose \$15.00 for each copy		
First       Middle       Last Name       Suffix         Date of birth:						Enclose \$15.00 for	асп сору		
Date of birth:	Full name on report of foreign birth:			Middle			Cuffix		
Month       Day       Year         Place of birth:				Middle	-				
Place of birth:			Year		Sex:				
City       Province       Country         Full name of father:		•							
Full name of mother prior to first marriage:         Signature of person making request:         Relationship:         Purpose of copy:         Telephone number and email where you may be reached for additional information:         ()       @         IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.         Records are filed in this office for the past 100 years: and over 100 years are available at the TN State Library and Archives.         A fee of \$15.00 is charged for the search of the records and includes one copy of the record if located. Search fees are non refundable if the record is not on file. All items must be completed and appropriate fees attached to process this request. Do not sene cosh. Send check or money order payable to: Tennessee Vital Records. In addition. unless this application is notarized. you must send a photocopy of a VALID overnment issued ID showing your signature. If you have not received a response within 45 days, please write or call Tennessee Vital Records at (615) 741-1763.         PRINT NAME AND ADDRESS BELOW FOR OUR RECORDS         Please remember to include the Fee and a Copy of your ID. (Note: The request will be returned if not included.)         Mail Your Application To:         Tennessee Vital Records         Address or Route       Mail Your Application To:         Tennessee Vital Records	City		Province			Country			
Signature of person making request:	Full name of father:								
Relationship:	Full name of mother prior to first ma	rriage:							
Purpose of copy:	Signature of person making request	:							
Telephone number and email where you may be reached for additional information:       @	Relationship:								
Telephone number and email where you may be reached for additional information:       @	Purpose of copy:								
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	Address or Route					Andrew Johnson Tower, 1	<sup>st</sup> Floor		
	City and State		Zin	Code					