

STATE OF MARYLAND
MARYLAND STATE ARCHIVES
350 ROWE BLVD
ANNAPOLIS, MD 21401

Birth Certificate – Baltimore City (1875-1924) and Maryland Counties (1898-1924)

IMPORTANT: Copies are only available for those records which have been transferred to the Archives. For more information as to which vital records have been transferred, contact us by phone at 410-260-6487 or by email at msa.helpdesk@maryland.gov. For records not at the Archives, contact The Maryland Department of Health, Division of Vital Records in person at 6764B Reisterstown Road, Reisterstown Road Plaza, Baltimore, MD 21215 or by phone at 410-764-3038.

Fees

All government-created Birth Certificates will be certified. The non-refundable and non-transferrable fee is \$25.00 per copy.

Please Note: The Archives will attempt to locate the record based upon the information you provide, but we cannot guarantee results. If the search provides no record matching the information provided, the fee is not returned, and a notification letter from the Archives is issued.

Birth Records 1918 and Before

Complete and mail-in the form below, as you **do not need** any documentation to request a copy.

Birth Records Between 1919 – 1924

Complete and mail-in the form below with the needed documentation for obtaining a restricted record (see below sections for required documents).

Requesting Your Own Birth Record

Submit Proof of Identification (see the “Proof of Identity” section) with the completed form.

Requesting Another Person’s Record

The following people are eligible to request another individual’s Birth Record:

Who	Proof Needed
A parent or court-appointed guardian	Legal proof of parental relationship or a copy of the Guardianship Papers AND Requestor’s Proof of Identification (see section below)
An individual with a notarized letter	A notarized letter signed by the person named on the Certificate, or the parent or guardian of the person named on the Certificate, granting permission to obtain the Certificate AND Requestor’s Proof of Identification (see section below)
An individual with a court order	A copy of the court order directing that the Certificate be issued AND Requestor’s Proof of Identification (see section below)
An individual permitted to obtain the Certificate under Md, Code Ann., Family Law Title 5, Subtitles 3A or 4B relating to adoptions	Court documentation proving legal guardianship through adoption AND Requestor’s Proof of Identification (see section below)

Proof of Identity

- a legible copy of your VALID GOVERNMENT-ISSUED PHOTO ID (i.e. State issued Driver’s License or non-driver photo ID with requestor’s current address, passport, etc.)

OR

Two of the following items can be used in place of a photo ID:

- utility bill
- car registration form
- pay stub
- bank statement
- copy of income tax return/W-2 form
- letter from a government agency requesting a vital record
- lease/rental agreement

Include the supporting documentation from the "Requesting Another Person's Record" section and the Proof of Identification with the completed form. Copies may be issued without such legal authorization when a valid Death Certificate of the named subject is supplied.

Birth Records 1925 and After

Birth Records after 1924 are **not at the Maryland State Archives** and are only available from the Maryland Division of Vital Records (see address located at the top of this page).

Payment

Acceptable forms of payment include personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa). You may order in person at the Archives, by United States Mail, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information and billing information. If paying by personal or corporate check or money order, just complete the shipping information.

*** Required**

PLEASE PROVIDE INFORMATION NEEDED TO LOCATE THE BIRTH CERTIFICATE

Number of Copies Requested *: _____

Father's Name: _____
(first/middle/last)

AND / OR*

Mother's Name: _____
(first/middle/last)

Child's Name: _____
(first/middle/last)

Gender: Male Female Unknown

Birth Place *: _____ Birth Date *: _____
(city/county) (month/day/year*)

Additional Information: _____

SHIPPING INFORMATION

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Telephone # *: _____ Email *: _____

BILLING INFORMATION (if paying by card)

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Credit Card # *: _____ Credit Card (circle one) *: Visa MasterCard

Expiration Date *: _____ CVV (3 Numbers on Back) *: _____
(MM/YY)