

POWELL COUNTY CLERK & RECORDER  
 409 MISSOURI AVE, SUITE 203  
 DEER LODGE MT 59722  
 406-846-9786

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**  
**WHO CAN ORDER A BIRTH CERTIFICATE?**

Only those authorized by 50-15-121 MCA and 37.8.126 ARM, which includes the registrant (14 years old or older), the registrant's spouse, children (with proof of relationship), parents, grandparents (with proof of relationship), a caretaker relative, guardian, an authorized representative, or those who provide documentation showing it is needed for determination or protection of individuals personal or property rights. Proof of relationship, guardianship, caretaker relative, or authorization is required to obtain a certified copy of a birth record.

Step-relatives, in-laws, aunts, uncles, cousins, ex-spouses and a natural parent of an adoptive child are not eligible to receive a certified copy of a birth certificate.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

**Suggested Identification**

<b>Picture ID with a Signature</b>	<b>OR Two Forms of ID – One MUST have a Signature</b>		<b>OR</b>
Driver's License	Social Security Card	Credit/Debit/ATM Card	Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy) <b>OR</b> Have an authorized family member that has an ID order the certificate
State ID Card	Work ID Card	School ID Card	
Passport	Car registration/Insurance	Library Card	
Military ID Card	Doctor/Medical record	Insurance record	
Tribal ID Card	Fishing License	Pay Stub	
	US Military DD214	Traffic/Pawn ticket	
	Utility bill with current address	Court record	
	Voter Registration Card	Year Book	

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies of both sides of the ID when mailing your request.

**IMPORTANT:** If the identification requirement is **NOT** met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

**FEE (All fees must be U.S. funds)**

**CERTIFIED COPIES OF A BIRTH CERTIFICATE:** Cost is \$5.00 per copy

**INFORMATIONAL COPIES:** May be issued to anyone as long as the birth occurred 30 years prior to the date of application. Cost is \$1.00 per copy

**PLEASE MAKE CHECKS PAYABLE TO: POWELL COUNTY CLERK & RECORDER**

Please complete the following information:

FULL First, Middle and Last Name on Birth Certificate: \_\_\_\_\_

Has name ever been changed other than marriage: \_\_\_\_\_ No \_\_\_\_\_ Yes, if so, original name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth (City or County): \_\_\_\_\_

Mother's **FULL MAIDEN** Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Number of certificates needed \_\_\_\_\_

Your relationship to the certificate holder: \_\_\_\_\_ (self, mother, father, etc.) Reason Birth Certificate needed: \_\_\_\_\_

**Mailing or Delivery Address:**

Name: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

**Notary (For use if needed)**

\_\_\_\_\_ personally appeared before me and whose identity I proved on

the basis of satisfactory evidence to be the signed of the above instrument.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**Official Use Only**

Date: \_\_\_\_\_

Rec# \_\_\_\_\_

Amount \$ \_\_\_\_\_

Cert# \_\_\_\_\_

Ser# \_\_\_\_\_

Comment \_\_\_\_\_

(SEAL)

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)**