

Please mail application to: New Mexico Vital Records and Health Statistics 2554 Camino Entrada

Post Office Box 26110 Santa Fe, NM 87502

Identification Type:					
State Identification Issued:					
Identification Number:					
ID Expiration Date:					
This section for Vital Records Use Only					
Order Number:					
SP#:	Clerk:	Date:			

BIRTH RECORD

SEARCH APPLICATION

and information needed to process the re	equest.		-		- -		
<u>Warning:</u> A false or fraudulent application New Mexico Bureau of Vital Records and							
					•		
1. Applicant information: Name of individua Name of Applicant (Please use full name wit					nt is an organization)	reuj.	
Mailing Address (House number and street)	(City, Sta	ate and Zip Coo	de)				
Physical Address (House number and street)	(City, Sta	ate and Zip Coo	le) <u>I</u>	f no physical add	lress due to homelessness,	please check box:	
Telephone Number	Alternate	/Message Tele	phone Num	ber I	Email Address		
()	()					
Only immediate family is eligible to obtain a vispouse, maternal grandparent and paternal grandparent and grandpar	andparent. The fa	ther and pater erest to obtain	nal grandpai the request	rent are only elig			
☐ Self ☐ Mother	☐ Mother ☐ Father			☐ Sibling ☐ Child			
☐ Grandchild ☐ Current Spou	se \square	Maternal Gra	ndparent	☐ Patern	al Grandparent		
☐ Other (Please Specify):							
3. Registrant Information (mandatory for sea	arch)						
Registrant's Full Name at Birth (Please print		ast name of pe	erson on cer	tificate. No abbre	eviations/initials)	Gender	
Date of Birth: Month/Day/Year			Place of Bi	rth: City/County		New Mexico	
Mother's Full Maiden Name			Father's N	ame			
Please make payment payable to: New Mexical available. The search fee is non-refundable if the birth certificate fee is waived for homeles of the homeless living situation.	he record is not fil	ed. se complete a '	"Self-Attesta	tion Form" to sul	omit with the application to		
4.Payment and Quantity	T	5. Purp	ose of Requ	est (Please check	the reason(s) for use):		
Quantity of Birth Certificates @ \$10: (fee waived if homeless)		☐ Am	endment to	Vital Record	☐ Estate/Probate	☐ Employment	
Quantity Chargeable Amendment @\$10:		☐ Ger	nealogy	☐ Identificat	ion 🗌 Insurance	☐ Medical	
TOTAL Fees Enclosed:	\$	☐ Pas	sport/Visa	☐ Sports	☐ Tax Purpose	☐ Retirement	
☐ Check ☐ Money Order Check/Money Order Number:	☐ Cash	☐ Sch	ool	☐ Social Sec	urity Other (state oth	ner reason):	

Signature of Applicant