

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



- APPLICATION FOR CERTIFIED COPY OF **BIRTH** CERTIFICATE (\$23 as of FY11) Emergency
 APPLICATION FOR CERTIFIED COPY OF **DEATH** CERTIFICATE (\$18 as of FY11) Emergency

Name at Birth/Death _____
(First) (Middle) (Last)

Birth/Death Date: _____ Race: _____ Sex: _____
(Month) (Day) (Year)

Place of Birth/Death: _____
(City & State)

Father's Full Name: _____

Mother's Maiden Name: _____

Purpose for which certificate is needed: _____

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Requestor's Name: _____

Relationship to Child: _____ Date of Request: _____

Agency /Location/Zip Code: _____

Phone Number: _____ Email Address: _____

Supervisor's Name: _____

Supervisor's Signature: _____

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Chief of Staff (please date, print and sign name for) Approval:

Chief Fiscal Officer (please date, print and sign name) for Approval:

Please submit the completed request to:

Office of Community Partnerships
200 I Street, SE (3rd Floor - #3035B)
Washington, DC 20024
Attention: Ms. Tyanna Williams

Headquarters: 200 I Street, SE ■ Washington, D.C. 20003 ■ 202-442-6100
www.cfsa.dc.gov ■ <http://dc.mandatedreporter.org> ■ www.adoptdckids.org