

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: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Agency /Location/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

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 (3<sup>rd</sup> 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://www.cfsa.dc.gov) ■ <http://dc.mandatedreporter.org> ■ [www.adoptdckids.org](http://www.adoptdckids.org)