



**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:		
<b>This section for Vital Records Use Only</b>		
Order Number:		
SP#:	Clerk:	Date:

# BIRTH RECORD SEARCH APPLICATION

**The average application processing time is 6-12 weeks.** Processing time is subject to change, depending on volume of incoming applications and information needed to process the request.

**Warning: A false or fraudulent application submitted into Vital Records is a criminal offense and punishable by fine and/or imprisonment. New Mexico Bureau of Vital Records and Health Statistics requires a photocopy of your government-issued picture identification.**

**1. Applicant information:** Name of individual requesting the vital record (Please complete legibly. Incomplete applications will be rejected).

Name of Applicant (Please use full name without initials/abbreviations)		Name of Agency (if applicant is an organization)	
Mailing Address (House number and street)		(City, State and Zip Code)	
Physical Address (House number and street)		(City, State and Zip Code) <b>If no physical address due to homelessness, please check box:</b> <input type="checkbox"/>	
Telephone Number ( )	Alternate/Message Telephone Number ( )	Email Address	

Only immediate family is eligible to obtain a vital record. Immediate family is defined as the registrant's mother, father, sibling, child, grandchild, current spouse, maternal grandparent and paternal grandparent. The father and paternal grandparent are only eligible if the father is listed on the birth record.

**Non-immediate family must provide tangible proof of legal interest to obtain the requested record.**

**2. Applicant's Relationship:** Please indicate your relationship to the person on the certificate.

<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Current Spouse	<input type="checkbox"/> Maternal Grandparent	<input type="checkbox"/> Paternal Grandparent	
<input type="checkbox"/> Other (Please Specify):				

**3. Registrant Information** (mandatory for search)

Registrant's Full Name at Birth (Please print first, middle, and last name of person on certificate. No abbreviations/initials)		Gender
Date of Birth: Month/Day/Year	Place of Birth: City/County New Mexico	
Mother's Full Maiden Name	Father's Name	

Please make payment payable to: **New Mexico Vital Records.** The fee is for the search of the record and will include one certified copy of the record, if available. The search fee is non-refundable if the record is not filed.

**The birth certificate fee is waived for homeless individuals. Please complete a "Self-Attestation Form" to submit with the application to notify Vital Records of the homeless living situation.**

**4. Payment and Quantity**

Quantity of Birth Certificates @ \$10: (fee waived if homeless)	
Quantity Chargeable Amendment @\$10:	
<b>TOTAL Fees Enclosed:</b>	\$
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash	
Check/Money Order Number:	

**5. Purpose of Request** (Please check the reason(s) for use):

<input type="checkbox"/> Amendment to Vital Record	<input type="checkbox"/> Estate/Probate	<input type="checkbox"/> Employment	
<input type="checkbox"/> Genealogy	<input type="checkbox"/> Identification	<input type="checkbox"/> Insurance	<input type="checkbox"/> Medical
<input type="checkbox"/> Passport/Visa	<input type="checkbox"/> Sports	<input type="checkbox"/> Tax Purpose	<input type="checkbox"/> Retirement
<input type="checkbox"/> School	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other (state other reason):	

Signature of Applicant

New Mexico Bureau of Vital Records

[Vital Records Website](#)

Date of Application

1-833-796-8773