

ID REQUIRED

**JEFF COLE
ANDERSON COUNTY CLERK
865-483-0541**

**APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF BIRTH
FOR YEARS 1949 TO CURRENT**

**FEES: 1ST COPY \$13.00
ADDITIONAL COPIES \$10.00**

Date: _____ NUMBER OF COPIES: _____

Full name on birth certificate: _____
First Middle Last Name

Has the name ever been changed other than by marriage? ___Yes ___No

If yes, what was original name? _____

Date of birth: _____ Date of birth: Sex: Male or Female
Month Day Year

Place of birth: _____
City County State

Hospital where birth occurred: _____

Full name of father: _____

Full maiden name of mother: _____

Last name of mother at time of birth: _____

Next older brother or sister: _____ Younger: _____

Signature of person making request: _____

Relationship: _____

Purpose of copy: _____

Telephone number where you may be reached for additional information: _____

**IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE
STATEMENT ON THIS APPLICATION.**

***PARENTS NAMES WILL NOT APPEAR ON (SHORT FORM) FROM 1949 to 1976**

***LONG FORM CONTACT: VITAL RECORDS 615-741-1763**