

OFFICE OF VITAL STATISTICS
Department of Public Health and Social Services
P.O. Box 2816
Hagåtña, Guam 96932

APPLICATION FOR A COPY OF BIRTH DEATH MARRIAGE CERTIFICATE

INFORMATION FOR THE APPLICANT: It is absolutely essential that the name be accurately spelled and that the exact date – month, day, and year – the exact place of birth (name of hospital) be fully given in every application. For Marriage Certificates, indicate the Bride's complete name at the time the Marriage License was issued.

PRINT ALL ITEMS CLEARLY

1. NAME: _____
FIRST NAME MIDDLE LAST NAME AT TIME OF BIRTH

2. DATE OF BIRTH: _____ 3. PLACE OF BIRTH: _____
MONTH DAY YEAR NAME OF HOSPITAL OR VILLAGE

4. FATHER'S NAME: _____
FIRST MIDDLE LAST

5. MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST

6. DATE OF MARRIAGE: _____ 7. PLACE OF MARRIAGE: _____
MONTH DAY YEAR

8. BRIDE'S NAME: _____
FIRST MIDDLE LAST

9. GROOM'S NAME: _____
FIRST MIDDLE LAST

10. DATE OF DEATH: _____ 11. PLACE OF DEATH: _____
MONTH DAY YEAR

NUMBER OF COPIES DESIRED: _____ CERTIFICATE NUMBER, IF KNOWN: _____

RELATIONSHIP TO PERSON NAMED IN ITEM ONE (1). IF SELF, STATE "SELF": _____

NOTE: A copy of a birth, death, or marriage certificate can be issued ONLY to a person to whom the record relates, if of age, or a parent or other legal representative. IF THIS REQUEST IS NOT FOR YOUR OWN RECORD OR THAT OF YOUR CHILD, PROPER WRITTEN AUTHORIZATION FROM THE PERSON MUST BE PRESENTED WITH THIS APPLICATION.

PRINT AND SIGN YOUR NAME AND ADDRESS BELOW

Name: _____ Signature: _____
Address: _____
City: _____ State: _____ Zip Code: _____

FEE: Pursuant to 10 GCA Chapter 3, Section 3127, a fee of \$5.00 is charged for each certified copy issued.

Fees must be paid at the time the application is made. Applicants are advised not to send cash. Certified checks or postal money orders should be made payable to the **TREASURER OF GUAM**. Stamps, foreign currency, personal checks, and credit cards will not be accepted.

NO FAX SERVICES AVAILABLE. NO CERTIFICATES WILL BE SENT BY FAX.

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
OFFICE OF VITAL STATISTICS
GUAM

FEES FOR VITAL STATISTICS RECORDS AND AMENDMENTS

The Department of Public Health and Social Services, Office of Vital Statistics under authority of Public Law 15-90, subsection 1 of Section 9324 of the Government Code, annotated, has adopted a revision of fees for vital statistics records and amendments. The following is a listing of the proposed fees:

CERTIFIED COPIES:

(a) Birth	\$5.00
(b) Death	5.00
(c) Marriage	5.00
(d) Birth Registration Card	5.00

Cedula Number	5.00
Burial Permit	5.00
Disinterment Permit	5.00

Processing Amendments

(a) Change of Name (court order)	10.00*
(b) Legitimation	10.00*
(c) Affidavit of Paternity	10.00*
(d) Declaration of Paternity	10.00*
(e) Any other amendments	10.00*

<u>Adoption</u>	15.00*
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Filing Delayed Certificate

(a) Birth	10.00*
(b) Marriage	10.00*
(c) Presumptive death certificate	10.00*

Research Fee

(a) First 3 years	5.00
(b) Every year thereafter	2.00 (per year)

*These fees DO NOT include the issuance of a certified copy.

GOVERNMENT AGENCIES - Requests for official business from Federal, State or local governmental agencies shall require the payment of appropriate fee. However, governmental agencies requesting large volumes of service may be handled by contract of some type of billing procedure.

OVERPAYMENT

Overpayment of the required fee received by the Territorial Registrar shall be retained, except any overpayment shall be refunded upon written request of the applicant within one year or when such overpayment is in excess of two dollars (\$2.00).