

Thomas Forslund, Director

Governor Matthew H. Mead

REPORT OF STOLEN BIRTH CERTIFICATE OR IDENTITY  
(Only for birth's occurring in Wyoming)  
**This form cannot be used for requesting a birth certificate**

**Name, address, and phone number of person completing this form:**

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Information on the birth certificate that is missing or stolen:**

Full Name on Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City or County of Birth in Wyoming \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

About what date was the certificate missing or stolen: \_\_\_\_\_

Please write a brief statement about what happened to the birth certificate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice:** In an effort to protect the Registrant from Identify Theft, records associated with lost or stolen birth certificates are flagged. Information may be shared with appropriate law enforcement agencies in an effort to protect the people of Wyoming from the threat of Identity Theft.

Return this form to:  
Vital Records Services  
Hathaway Building  
Cheyenne, WY 82002

Wyoming Department of Health • Vital Statistics Services  
E-Mail: [wdh.vss@wyo.gov](mailto:wdh.vss@wyo.gov) • WEB Page: [www.health.wyo.gov](http://www.health.wyo.gov)  
**Main Number (307) 777-7264 • FAX (307) 777-2483**