



Vital Records Services
2300 Capitol Avenue • Hathaway Building
Cheyenne, WY 82002
Phone (307) 777-7591
health.wyo.gov



Stefan Johansson
Director

Mark Gordon
Governor

I, _____, give _____ permission to request my child, _____, birth certificate from Vital Records Services.

Signature of Parent

State of _____

County of _____

that on this date: _____, _____
Date Parent

appeared before me with acceptable identification, or is personally known to me, sworn to or affirmed to, signed the a foregoing statement.

Notary Public

My commission expires _____

(Seal or Stamp)