



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICE OF VITAL RECORDS
PO BOX 4210, Helena MT 59604

PROCEDURES FOR FILING A DELAYED CERTIFICATE OF BIRTH

Return the Delayed work sheet attached and \$41.00 to the Office of Vital Records with at least three supporting documents to prove the facts of birth. For individuals five years of age, or older, supporting documents must be dated five years before the date of the delayed application or within three years after the date of birth. For individuals under five years of age, supporting documents must be dated at least one year before the date of the delayed application or within the first year of birth.

Each of the three documents must contain the name of the applicant.
At least one of the three documents must contain the applicant's full birth name.

The remaining information that must be substantiated in the supporting documents is:
The applicant's place of birth (town OR county AND state).
The applicant's month, day, and year of birth.
The applicant's father's full name.
The applicant's mother's full maiden name.

Please note that one document **MUST** include both date of birth AND place of birth.

An affidavit will be accepted as one of the three documents providing it contains the facts of birth, the affiant was present at the time of birth and is at least ten years older than the applicant. The sworn affidavit cannot be used solely to establish the above facts of birth.

Once we have received the documents, and they have been reviewed and found acceptable, a partially completed Certificate of Delayed Birth registration will be sent for your review and signature. Your **signature** must be acknowledged by a **Notary Public** and returned to our office.

Once the partially completed certificate is returned, a certified copy of the delayed birth certificate will be issued and will be sent to you with the supporting documents.

Only official copies of documents will be accepted. **Altered documents will not be accepted.**

A delayed certificate of birth can take from two to six months to complete.

A DELAYED BIRTH CERTIFICATE CANNOT BE FILED FOR AN INDIVIDUAL WHO IS DECEASED

Reference: 50-15-2024 Montana Code Annotated & 37.8.303 Administrative Rules of Montana



If, after notification, this delayed application is not actively pursued for a period of 180 days, the application and supporting documents will be returned to the applicant and a new fee, application and supporting documentation will be required to reapply.

The probative value of a "delayed" certificate of birth is determined by the judicial or administrative body before whom the certificate is offered as evidence.

MULTIPLE DOCUMENTS FROM THE SAME SOURCE WILL NOT BE ACCEPTED.

SUGGESTED SUPPORTING DOCUMENTS

1. Physician's Office Record
2. Sworn Statement of Physician, Midwife, or Attendant (Notarized and on official stationery, or from provided by Office of Vital Statistics.)
3. Baptismal Record. Can be obtained from the Pastor or the church where baptized. Address for church must appear on certificate.
4. Marriage License - can be obtained from the Clerk of the District Court in the county where it was issued.
5. Insurance Policy-That portion including the application or a statement from the home office if the policy is no longer in force.
6. Voter Registration Card - County Clerk and Recorder
7. Application for Social Security Number - Contact your local Social Security Office for a computer printout of your application.
8. School Census Record - County Superintendent of Schools in the county you attended school.
9. Federal Census Record - Bureau of the Census, Pittsburgh, Kansas.
10. Own Child's Birth Certificate - Bureau of Records and Statistics or County Clerk and Recorder's Office.
11. Hospital Records (if ever hospitalized) - Administrator of the hospital.
12. Employment Record - From the employer
13. Military Record - Discharged from the armed services, or certified copy of the same (DD214).
14. Fraternal Order Entrance Application - Secretary of the Lodge
15. Copy of Application for Savings Account- From Bank Cashier

Reference: 50-15-2024 Montana Code Annotated & 37.8.303 Administrative Rules of Montana



DELAYED WORK SHEET

Full Name at Birth _____

Date of Birth _____

Birthplace (Town or County and State) _____

Sex _____

Fathers Full Name _____

Father's Date of Birth _____

Father's Birthplace _____

Mother's Full Maiden Name _____

Mother's Date of Birth _____

Mother's Birthplace _____

****Note**** For individual's whose parents were not married at the time of birth, before the father's name can be added to the birth certificate, an acknowledgment of paternity must be signed by both parents to be listed on the delayed certificate of birth.

Was mother married to the father of the child? ____ Yes ____ No

Mailing address _____

City, State, Zip _____

Daytime Telephone Number _____

Email Address _____

I hereby certify that the above-given data is true and correct to the best of my knowledge and belief.

Signature of Applicant _____

Reference: 50-15-2024 Montana Code Annotated & 37.8.303 Administrative Rules of Montana