

Med Center Health
250 PARK STREET
BOWLING GREEN, KY 42101
270-745-1009

BIRTH VERIFICATION REQUEST

In order for us to process your birth verification request, Please complete the following information. Please remember that we can only verify information that is documented in the Medical Record

Baby's full name at birth: _____
(Please print)

Baby's date of birth: _____

Mother's full name: _____
(Please print and include mother's maiden name)

Father's full name: _____
(Please print)

Note: Identification is required before the birth verification can be released.

Are you applying for Social Security Card? Yes No

Note: Identification is required before the birth verification can be released.

Signature of Parent

Date

FOR OFFICIAL USE ONLY:

Was Hearing Screen Released: Yes No

Was Hep B Released: Yes No

Completed by Employee

Date

Please mail the completed authorization form to:
Attn: Medical Records
Health Information Management Department
The Medical Center
250 Park Street
Bowling Green Ky 42101

Fax form to: 270-745-1272
Email form to: requestrecords@mchealth.net

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768020 Rev 8/20