

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Date]

[State Department of Health]
[Immunization Registry Name]
[Registry Address]
[City, State, Zip Code]

Subject: Request for Pediatric Immunization Records

To Whom It May Concern,

I am writing to formally request a copy of the official immunization records for my child, who is currently registered in the state immunization database.

Child's Information:

Full Name: [Child's Full Name]
Date of Birth: [MM/DD/YYYY]
Gender: [Male/Female/Other]
Place of Birth: [City, State]

Parent/Guardian Information:

Full Name: [Your Full Name]
Relationship to Child: [Parent/Legal Guardian]

I am requesting these records for the following purpose: [e.g., School Enrollment / Childcare Entry / Personal Records].

Please send the records to the following address:

[Recipient Name/Organization]
[Mailing Address]
[City, State, Zip Code]

I have enclosed a copy of my government-issued photo identification to verify my identity and relationship to the minor.

Thank you for your assistance with this request. Please contact me at [Your Phone Number] or [Your Email Address] if you require further information.

Sincerely,

[Your Signature]
[Your Printed Name]