

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last Name			Date of Birth <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>											M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y														
Place of Birth <small>Hospital (If not hospital, give street & number)</small>			(Village, Town or City)			County															
First Middle Last Father			Maiden Name			First Middle Last of Mother															
Number of Copies Requested			Enter Birth No. if Known			Enter Local Registration No. if Known															

Purpose for Which Record is Required (Check One)

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. () - - Social Security No. - -		If attorney, give name and relationship of your client to person whose record is required <table border="1"> <tr> <td></td> <td></td> </tr> </table> (name of client) (relationship)																	
Signature of Applicant Date <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM</td><td>DD</td><td>YY</td><td>YY</td><td colspan="4"></td> </tr> </table>										MM	DD	YY	YY					FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID <input type="checkbox"/> Driver's License State ____ No. ____ <input type="checkbox"/> Other ID, specify _____ No. _____	
MM	DD	YY	YY																
Address of Applicant Street City State Zip Code																			

(OVER)

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED