Application to Local Registrar for Copy of Birth Record

			CERTIFICATE	INFORMA	TION			
	First	Middle	Last			1 1 1	1 1	
Name	Name			Date of Birth M M D D Y Y Y Y				
Place of Hospital (If not hospital, give street & number) Birth				(Village, Town or City) County				
Father .	First	Middle	Last	Maiden Na of Mother	ıme ^{First}	Middle	Last	
Number of Copies Requested Enter Birth No if Known				o.	Enter Local Re No. if Known	Enter Local Registration No. if Known		
Passport Social Security-Retire Purpose for Which Record is Required (Check One) Retirement Employment Other (Specify)				rement	Working Papers School Entrance Driver's License Marriage License	Veterar Court P	e Assistance n's Benefits Proceeding se into Armed	
APPLICANT IN NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify				If attorney client to p	r, give name and r erson whose reco	ord is requi	red	
Telephone No. () Social Security No. -				(name of	olient) OR REGISTRAR	· ·	relationship) LY	
Signature of Applicant Date MM DD YY				TYPE OF	(Photocopy ID and ID Driver's Lice State	∌nse	ition form)	
Address of Applicant					Other ID, sp			
Street		·	·		No			
City		State	Zip Code					

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