

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

<table border="1"><tr><td>First</td><td>Middle</td><td>Last</td></tr></table> Name	First	Middle	Last	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
First	Middle	Last																		
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																		
Father <table border="1"><tr><td>First</td><td>Middle</td><td>Last</td></tr></table>	First	Middle	Last	Maiden Name of Mother <table border="1"><tr><td>First</td><td>Middle</td><td>Last</td></tr></table>	First	Middle	Last													
First	Middle	Last																		
First	Middle	Last																		
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?
 Self Parent Other, specify _____

Telephone No. () - - - - -

Social Security No. - - - - - - -

If attorney, give name and relationship of your client to person whose record is required

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(name of client) (relationship)

Signature of Applicant _____

Date

MM	DD	YY		

Address of Applicant

Street _____

City _____ State _____ Zip Code _____

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID Driver's License
State _____ No. _____

Other ID, specify _____
No. _____

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