

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name First Middle Last	Date of Birth [][] [][] [][][][] M M D D Y Y Y Y	
Place of Birth Hospital (If not hospital, give street & number)	(Village, Town or City)	County
Father First Middle Last	Maiden Name of Mother 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"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License		
<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces		

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 _____ _____ (name of client) (relationship)
Signature of Applicant Date [][] [][] [][] MM DD 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. _____
Address of Applicant Street _____ 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

APPLICANT INFORMATION

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