

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