

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																						
Name	First	Middle	Last	Date of Birth																		
				<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y		
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			If attorney, give name and relationship of your client to person whose record is required																			
FIRST	MIDDLE	LAST	What is your relationship to person whose record is required?		<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"></td> </tr> </table>																	
<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		TYPE OF ID																	
			<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">MM</td> <td style="text-align: center; font-size: 8px;">DD</td> <td style="text-align: center; font-size: 8px;">YY</td> </tr> </table>					MM	DD	YY	<input type="checkbox"/> Driver's License State _____ No. _____		<input type="checkbox"/> Other ID, specify _____ No. _____									
MM	DD	YY																				
Address of Applicant																						
Street _____																						
City _____ State _____ Zip Code _____																						