

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth			
First	Middle	Last	MM	DD	YYYY	
Place of Birth			(Village, Town or City)			County
Hospital (If not hospital, give street & number)						
Father			Maiden Name of Mother			
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		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?			
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Telephone No. ( ) - -		(name of client)	
Social Security No. - -		(relationship)	
Signature of Applicant		<b>FOR REGISTRAR'S USE ONLY</b> <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____	
Date			
MM DD YY			
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**