

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name First Middle Last			Date of Birth <table border="1"> <tr> <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> </tr> </table>										M	M	D	D	Y	Y
M	M	D	D	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 _____		<table border="1"> <tr> <td> </td> <td> </td> </tr> </table> (name of client) (relationship)			
Telephone No. ( ) - - - - - - - - - - -		<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)			
Social Security No. - - - - - - - - -					
Signature of Applicant		TYPE OF ID			
Date MM DD YY		<input type="checkbox"/> Driver's License State ____ No. _____			
Address of Applicant		<input type="checkbox"/> Other ID, specify _____ No. _____			
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**