

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																						
First Middle Last			Date of Birth																			
Name			<table border="0" style="width: 100%; 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 style="font-size: small;"> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>												M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y															
Place of Birth <small>Hospital (If not hospital, give street & number)</small>			(Village, Town or City)			County																
First Middle Last			Maiden Name		First Middle Last																	
Father			of Mother																			
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 <small>FIRST MIDDLE LAST</small>			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 _____																						
Telephone No. (____) _____-____			(name of client)		(relationship)																	
Social Security No. _____-____-____			FOR REGISTRAR'S USE ONLY																			
Signature of Applicant			<small>(Photocopy ID and attach to application form)</small>																			
Date <table border="0" style="width: 100%; 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> </tr> <tr style="font-size: x-small;"> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> <td colspan="3"></td> </tr> </table>									MM	DD	YY				TYPE OF ID <input type="checkbox"/> Driver's License State ____ No. _____							
MM	DD	YY																				
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