

# Application to Local Registrar for Copy of Birth Record

**CERTIFICATE INFORMATION**

<b>Name</b>	First	Middle	Last	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M M D D Y Y Y Y	
<b>Place of Birth</b>	Hospital (If not hospital, give street & number)			(Village, Town or City)		County	
<b>Father</b>	First	Middle	Last	<b>Maiden Name of Mother</b>	First	Middle	Last

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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**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**

<p><b>NAME</b></p> <p style="text-align: center;">FIRST                      MIDDLE                      LAST</p> <p>What is your relationship to person whose record is required?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border: 1px solid black; height: 40px;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> </table> <p>(name of client) <span style="float: right;">(relationship)</span></p>		
<p>Signature of Applicant _____</p> <p style="text-align: right;">Date</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: right;">MM DD YY</p>	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p style="text-align: center;"><small>(Photocopy ID and attach to application form)</small></p> <p><b>TYPE OF ID</b></p> <p><input type="checkbox"/> Driver's License</p> <p>State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p>No. _____</p>		
<p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>			

## **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**