

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	<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"/> <input type="text"/> <input type="text"/>	
Place of Birth			Date of Birth		
Hospital (If not hospital, give street & number)			(Village, Town or City)		County
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 _____			
Telephone No. () - - - - -			
Social Security No. - - - - -			
Signature of Applicant		Date	
		<input type="text"/> <input type="text"/> <input type="text"/>	
		MM DD YY	
Address of Applicant			
Street			
City State Zip Code			
FOR REGISTRAR'S USE ONLY			
(Photocopy ID and attach to application form)			
TYPE OF ID		Driver's License	
<input type="checkbox"/>		State _____ No. _____	
<input type="checkbox"/>		Other ID, specify _____	
		No. _____	

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