

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------------|--------|--------|-----------------------------------|---|---|---|--|---|--|---|---|-------------------------------------|---|---|-------------------------------------|--|--|--|--|--|
| Name | | | Date of Birth | | | | | | | | | | | | | | | | | | | | |
| First | Middle | Last | MM | DD | YYYY | | | | | | | | | | | | | | | | | | |
| Place of Birth <small>Hospital (If not hospital, give street & number)</small> | | | (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) <table border="0"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table> | | | | | | <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) _____ | | |
| <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? | | <table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td>(name of client)</td> <td>(relationship)</td> </tr> </table> | | | (name of client) | (relationship) |
| | | | | | | |
| (name of client) | (relationship) | | | | | |
| <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ | | | | | | |
| Telephone No. () - - - - - | | | | | | |
| Social Security No. - - - - - | | | | | | |
| Signature of Applicant | | FOR REGISTRAR'S USE ONLY <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