

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last		Date of Birth	
Name		M M D D Y Y Y Y	
Hospital (If not hospital, give street & number)		County	
Place of Birth		(Village, Town or City)	
First Middle Last	First Middle Last	First Middle Last	First Middle Last
Father	Maiden Name 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 FIRST MIDDLE LAST

If attorney, give name and relationship of your client to person whose record is required

Self Parent Other, specify _____

Telephone No. ()

(name of client) (relationship)

Signature of Applicant

Date 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 State No. _____

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