

# Application to Local Registrar for Copy of Birth Record

**CERTIFICATE INFORMATION**

Name			Date of Birth														
First	Middle	Last	M	M	D	D	Y	Y	Y	Y							
Place of Birth			(Village, Town or City)				County										
Hospital (If not hospital, give street & number)																	
Father			Maiden Name of Mother			First			Middle			Last					
First			Middle			Last			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>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. (____) _____</p> <p>Social Security No. _____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table border="1" style="width:100%; height: 40px;"> <tr> <td style="width:60%;"></td> <td style="width:40%;"></td> </tr> </table> <p>(name of client) (relationship)</p>		

<p>Signature of Applicant</p> <p>Date</p> <p>MM DD YY</p> <p>Address of Applicant</p> <p>Street</p> <p>City State Zip Code</p>	<p align="center"><b>FOR REGISTRAR'S USE ONLY</b></p> <p 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>
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## **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**