

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

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

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

## **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**