

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

	First	Middle	Last	Date of Birth																		
Name				<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y															
Place of Birth	Hospital (If not hospital, give street & number)			(Village, Town or City)			County															
Father	First	Middle	Last	Maiden Name of Mother			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  <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 60%; height: 30px;"></td> <td style="width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>			(name of client)	(relationship)						
(name of client)	(relationship)											
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 <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> <td colspan="2"></td> </tr> </table>						MM	DD	YY		
MM	DD	YY										
Address of Applicant  Street _____  City _____ State _____ Zip Code _____												
<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)												
TYPE OF ID <input type="checkbox"/> Driver's License 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**