

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		
Place of Birth			Hospital (If not hospital, give street & number) (Village, Town or City)		
County					
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)

☐ Passport	☐ Working Papers	☐ Welfare Assistance
☐ Social Security-Retirement	☐ School Entrance	☐ Veteran's Benefits
☐ Social Security-SSI	☐ Driver's License	☐ Court Proceeding
☐ Retirement	☐ Marriage License	☐ Entrance into Armed Forces
☐ Employment		
☐ 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?			
☐ Self ☐ Parent ☐ Other, specify _____			
Telephone No. () - - - - -			
Social Security No. - - - - -			
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. _____