

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last Name			Date of Birth 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 Father			Maiden Name First Middle Last 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) <table border="0"> <tr> <td>☐ Passport</td> <td>☐ Working Papers</td> <td>☐ Welfare Assistance</td> </tr> <tr> <td>☐ Social Security-Retirement</td> <td>☐ School Entrance</td> <td>☐ Veteran's Benefits</td> </tr> <tr> <td>☐ Social Security-SSI</td> <td>☐ Driver's License</td> <td>☐ Court Proceeding</td> </tr> <tr> <td>☐ Retirement</td> <td>☐ Marriage License</td> <td>☐ Entrance into Armed Forces</td> </tr> <tr> <td>☐ Employment</td> <td colspan="2"></td> </tr> <tr> <td>☐ Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>						☐ 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) _____		
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APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required	
What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____		 (name of client) (relationship)	
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. _____	