

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last			Date of Birth		
Name			MMDDYY		
Place of Birth			County		
Hospital (If not hospital, give street & number)			(Village, Town or City)		
First Middle Last			Maiden Name First Middle Last		
Father			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 _____		(name of client) (relationship)	
Telephone No. () - -			
Social Security No. - -			
Signature of Applicant		Date	
		MM DD YY	
Address of Applicant		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Street		TYPE OF ID	
City State Zip Code		☐ Driver's License State No. ☐ Other ID, specify No.	