

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) ☐ Passport ☐ Social Security-Retirement ☐ Social Security-SSI ☐ Retirement ☐ Employment ☐ Other (Specify) _____ ☐ Working Papers ☐ School Entrance ☐ Driver's License ☐ Marriage License ☐ Welfare Assistance ☐ Veteran's Benefits ☐ Court Proceeding ☐ Entrance into Armed Forces									
APPLICANT INFORMATION									
NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____ Telephone No. (____) _____-____ Social Security No. _____-____-____					If attorney, give name and relationship of your client to person whose record is required (name of client) (relationship)				
Signature of Applicant Date MM DD YY					FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID ☐ Driver's License State _____ No. _____ ☐ Other ID, specify _____ No. _____				
Address of Applicant Street City State Zip Code									

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