

Application to Local Registrar
for Copy of Birth Record

Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with copies of either A or B.

(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

A. One (1) of the following forms of valid **photo-ID**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: (as listed on birth certificate)

Date of Birth:

First	Middle	Last	(mm / dd / yyyy)
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Town, city or village where birth occurred:

Name of hospital where birth occurred: (If known)

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Maiden Name of Mother: (as listed on birth certificate)

Local Registration No.:
(If known)

First	Middle	Maiden Last	
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Father: (as listed on birth certificate)

Number of Copies
Requested:

First	Middle	Last	
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Purpose for which
Record is Required:
(Check one)

- | | | | |
|--|--|---|--|
| ☐ Passport | ☐ Employment | ☐ Driver license | ☐ Veteran's benefits |
| ☐ Social Security | ☐ Working Papers | ☐ Marriage license | ☐ Court proceeding |
| ☐ Retirement | ☐ School entrance | ☐ Welfare assistance | ☐ Entrance into
Armed Forces |
| ☐ Other (specify) <div></div> | | | |

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose
record is required? (If self, state "SELF".)

If attorney, give name and relationship of your client to person whose record is required:

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Signature of Applicant:

Date Signed:

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

Type of ID:

☐ Driver License

Issuing state: _____

Expiration date: _____

Number: _____

☐ Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____

Address of Applicant:

Telephone No.: