

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)		
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
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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 FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required <table border="1"> <tr> <td></td> <td></td> </tr> </table> (name of client) (relationship)		
What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____				
Telephone No. () - - Social Security No. - -		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID ☐ Driver's License State ____ No. ____ ☐ Other ID, specify _____ No. _____		
Signature of Applicant Date MM DD YY				
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