

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name First Middle Last			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)		
Father First Middle Last			Maiden Name of Mother First Middle Last		
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 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 _____			
Telephone No. ()		(name of client) (relationship)	
Social Security No. - -			
Signature of Applicant		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Date MM DD YY		TYPE OF ID ☐ Driver's License State _____ No. _____	
Address of Applicant Street _____ City _____ State _____ Zip Code _____		☐ Other ID, specify _____ No. _____	

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