

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 | ☐ 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

What is your relationship to person whose
record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. ()

Social Security No. - -

Signature of Applicant

Date

MM DD YY

Address of Applicant

Street

City

State

Zip Code

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

(name of client)	(relationship)

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

☐ Driver's License

State _____ No. _____

☐ 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