

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last			Date of Birth		
Name			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			First Middle Last		
Father			Maiden Name 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		State of _____	
FIRST MIDDLE LAST		County of _____	
What is your relationship to person whose record is required?		This is to acknowledge that on this _____ day of _____, 20____, before me, personally came _____ to me known to be the individual described in, and who executed, the foregoing instrument, and acknowledged that he/she executed the same as a free and voluntary act and deed for the uses and purposes therein mentioned. _____ Notary Public	
☐ Self ☐ Parent ☐ Other, specify _____			
Telephone 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