

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last			Date of Birth		
Name			M M D D Y Y		
Place of Birth			County		
Hospital (If not hospital, give street & number)			(Village, Town or City)		
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		If attorney, give name and relationship of your client to person whose record is required	
FIRST MIDDLE LAST What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____			
Telephone No. () - Social Security No. -		(name of client) (relationship)	
Signature of Applicant MM DD YY		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Address of Applicant Street City State Zip Code		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