

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		
Hospital (If not hospital, give street & number) Place of Birth			(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	

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