

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION							
Name	First	Middle	Last	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place of Birth <small>Hospital (If not hospital, give street & number)</small>				(Village, Town or City)	County		
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)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License		<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces		
APPLICANT INFORMATION							
NAME			If attorney, give name and relationship of your client to person whose record is required				
<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	What is your relationship to person whose record is required?		<input type="text"/>		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			Telephone No. (<input type="text"/>) <input type="text"/> - <input type="text"/>		(name of client)		
Social Security No. <input type="text"/> - <input type="text"/> - <input type="text"/>			Signature of Applicant		Date		
Address of Applicant			<small>MM</small> <small>DD</small> <small>YY</small>		FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small>		
Street			TYPE OF ID		<input type="checkbox"/> Driver's License State _____ No. _____		
City			State		<input type="checkbox"/> Other ID, specify _____ No. _____		
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