

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																							
Name First Middle Last			Date of Birth M M D D Y Y Y Y																				
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) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>						<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces	<input type="checkbox"/> Employment			<input type="checkbox"/> Other (Specify) _____		
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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? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			<table border="1" style="width:100%"> <tr> <td style="width:50%"> </td> <td style="width:50%"> </td> </tr> </table> (name of client) (relationship)																				
Telephone No. () - - - - -			FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small>																				
Social Security No. - - - - -																							
Signature of Applicant			TYPE OF ID																				
Date MM DD YY			<input type="checkbox"/> Driver's License State ____ No. _____																				
Address of Applicant			<input type="checkbox"/> Other ID, specify _____ No. _____																				
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