

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

|  |   |   |  |   |   |  |  |  |  |  |  |   |   |   |   |   |   |
|--|---|---|--|---|---|--|--|--|--|--|--|---|---|---|---|---|---|
| Name<br>First Middle Last  |   |   | Date of Birth<br><table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> </table> |   |   |  |  |  |  |  |  | M | M | D | D | Y | Y |
|  |   |   |  |   |   |  |  |  |  |  |  |   |   |   |   |   |   |
| M  | M | D | D  | Y | Y |  |  |  |  |  |  |   |   |   |   |   |   |
| Place of Birth<br>Hospital (If not hospital, give street & number) |   |   | (Village, Town or City)  |   |   | County                                   |  |  |  |  |  |   |   |   |   |   |   |
| Father<br>First Middle Last  |   |   | Maiden Name<br>of Mother   |   |   | First Middle Last                        |  |  |  |  |  |   |   |   |   |   |   |
| Number of Copies Requested   |   |   | Enter Birth No.<br>if Known  |   |   | Enter Local Registration<br>No. if Known |  |  |  |  |  |   |   |   |   |   |   |

Purpose for Which Record is Required (Check One)

|   |   |   |
|---|---|---|
| <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) _____      |   |   |

## APPLICANT INFORMATION

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| NAME<br>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?<br><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ |  | <table border="1"> <tr> <td> </td> <td> </td> </tr> </table>                              |  |  |  |
|  |  |   |  |  |  |
| Telephone No. (  ) -  -  |  | (name of client) (relationship)   |  |  |  |
| Social Security No. - -  |  |   |  |  |  |
| Signature of Applicant   |  | <b>FOR REGISTRAR'S USE ONLY</b><br>(Photocopy ID and attach to application form)          |  |  |  |
| Date<br>MM DD YY   |  | TYPE OF ID<br><input type="checkbox"/> Driver's License<br>State _____ No. _____          |  |  |  |
| Address of Applicant   |  | <input type="checkbox"/> Other ID, specify _____<br>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**