

**Application to Local Registrar  
 for Copy of Birth Record**

CERTIFICATE INFORMATION																								
	First	Middle	Last																					
Name				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"/>	M M D D Y Y Y Y																			
Place of Birth	Hospital (If not hospital, give street & number)			(Village, Town or City)		County																		
	First	Middle	Last		First	Middle																		
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)																								
<table style="width:100%; border: none;"> <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				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?				<table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"></td> </tr> </table> (name of client) (relationship)																				
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____																								
Telephone No. (____) _____-____																								
Social Security No. _____-____-____																								
Signature of Applicant				<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)																				
			Date																					
			<input type="text"/> <input type="text"/> <input type="text"/>				TYPE OF ID																	
			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**