

# Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																											
Name			First	Middle	Last	Date of Birth				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>M</span> <span>M</span> <span>D</span> <span>D</span> <span>Y</span> <span>Y</span> <span>Y</span> <span>Y</span> </div>																	
Place of Birth			Hospital (If not hospital, give street & number)				(Village, Town or City)			County																	
Father			First	Middle	Last	Maiden Name of Mother				<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">First</div> <div style="text-align: center;">Middle</div> <div style="text-align: center;">Last</div> </div>																	
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													
FIRST			MIDDLE						LAST																		
What is your relationship to person whose record is required?														<div style="display: flex; justify-content: space-between; border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>(name of client)</span> <span>(relationship)</span> </div>													
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____																											
Telephone No. (____) _____														<b>FOR REGISTRAR'S USE ONLY</b> <small>(Photocopy ID and attach to application form)</small>  <b>TYPE OF ID</b> <input type="checkbox"/> Driver's License State _____ No. _____  <input type="checkbox"/> Other ID, specify _____ No. _____													
Social Security No. _____																											
Signature of Applicant																											
Date																											
Address of Applicant																											
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**