

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name			Date of Birth																				
First	Middle	Last	MM	DD	YYYY																		
Place of Birth <small>Hospital (If not hospital, give street & number)</small>			(Village, Town or City)		County																		
Father			Maiden Name of Mother																				
First	Middle	Last	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"> <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"> <tr> <td> </td> <td> </td> </tr> </table> (name of client) (relationship)		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____				
Telephone No. () - -		FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small>		
Social Security No. - -				
Signature of Applicant				
Date		TYPE OF ID		
MM DD YY		<input type="checkbox"/> Driver's License		
Address of Applicant		<input type="checkbox"/> State _____ No. _____		
Street		<input type="checkbox"/> Other ID, specify _____		
City State Zip Code		No. _____		