

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

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