

Must mail photocopy of Photo ID.

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

	First	Middle	Last																	
Name				Date of Birth <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr></table>									M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y													
Place of Birth	Hospital (If not hospital, give street & number)			(Village, Town or City)																
				County																
Father	First	Middle	Last	Maiden Name of Mother																
				First Middle Last																

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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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

<p>NAME FIRST MIDDLE LAST</p> <p>What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. (____) _____-____</p> <p>Social Security No. _____-____-_____</p> <p>Signature of Applicant Date <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">MM</td><td style="text-align: center;">DD</td><td style="text-align: center;">YY</td></tr></table></p> <p>Address of Applicant Street _____ City _____ State _____ Zip Code _____</p>				MM	DD	YY	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 80%; height: 40px;"></td> <td style="width: 20%; height: 40px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table> <p style="text-align: center;">FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____ No. _____</p>			(name of client)	(relationship)
MM	DD	YY									
(name of client)	(relationship)										