

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"/> 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 Father			Maiden Name First Middle Last 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)

<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

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required	
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		<div></div> <div>(name of client) (relationship)</div>	
Telephone No. () - - - - -			
Social Security No. - - - - -			
Signature of Applicant		Date MM DD YY	
Address of Applicant Street City State Zip Code		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify No. _____	