

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name First Middle Last			Date of Birth M M D D Y Y Y Y			
Place of Birth Hospital (If not hospital, give street & number) Birth			(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

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required <table border="1"><tr><td> </td><td> </td></tr></table> (name of client) (relationship)		
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. () - -				
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. _____				