

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name First                  Middle                  Last	Date of Birth <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div> MM      DD                  YYYY	
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

Purpose for Which Record is Required (Check One)

<input type="checkbox"/> Passport	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Working Papers
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> School Entrance
<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
	<input type="checkbox"/> Employment	<input type="checkbox"/> Veteran's Benefits

## APPLICANT INFORMATION

NAME First                  Middle                  Last	If attorney, give name and relationship of your client to person whose record is required <div style="border: 1px solid black; height: 20px; width: 100%;"></div> (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 _____	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b></p> (Photocopy ID and attach to application form) <p>TYPE OF ID</p> <input type="checkbox"/> Driver's License <input type="checkbox"/> State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
Telephone No. (____) _____ - _____	
Social Security No. _____ - _____ - _____	
Signature of Applicant _____ <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div> MM      DD                  YY Date	
Address of Applicant Street _____ City _____ State _____ Zip Code _____	

## **TYPES OF ACCEPTABLE IDENTIFICATION**

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**