

**Application to Local Registrar  
for Copy of Birth Record**

CERTIFICATE INFORMATION																						
Name	First Middle Last	Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </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																				
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	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 _____		<table border="1"><tr><td> </td><td> </td></tr><tr><td>(name of client)</td><td>(relationship)</td></tr></table>			(name of client)	(relationship)																
(name of client)	(relationship)																					
Telephone No. (_____) _____																						
Social Security No. _____																						
Signature of Applicant	Date MM DD YY	<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)																				
Address of Applicant		TYPE OF ID																				
Street		<input type="checkbox"/> Driver's License																				
City State Zip Code		State ____ No. _____																				
		<input type="checkbox"/> Other ID, specify _____																				
		No. _____																				

## **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**