

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

CERTIFICATE INFORMATION

First Name	Middle	Last	Date of Birth 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"/> 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 <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____ Forces		

APPLICANT INFORMATION		
NAME		
FIRST	MIDDLE	LAST
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 <small>(Photocopy ID and attach to application form)</small>		
TYPE OF ID	<input type="checkbox"/> Driver's License <input type="checkbox"/> 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**