

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)				(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
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APPLICANT INFORMATION

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