

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name First Middle Last			Date of Birth MM DD YY		
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. () - -		FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____					
Social Security No. - -							
Signature of Applicant		Date MM DD YY					
Address of Applicant							
Street							
City		State Zip Code					