

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYY
Place of Birth <small>Hospital (If not hospital, give street &amp; number)</small>			(Village Town of City)		County
Father			Maiden Name of Mother		
First	Middle	Last	First	Middle	Last

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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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 Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

## 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 _____	
Telephone No. ( ) - - - - -	(name of client) (relationship)
Social Security No. - - - - -	

Signature of Applicant	Date MM DD YY
Address of Applicant	
Street	
City State Zip Code	
<b>FOR REGISTRAR'S USE ONLY</b> <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.