

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
Place of Birth			(Village, Town or City)		County
Hospital (If not hospital, give street & number)					
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		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?		<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		(name of client) (relationship)		
Telephone No. ( ) - -		<p><b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)</p> <p><b>TYPE OF ID</b></p> <input type="checkbox"/> Driver's License State _____ No. _____		
Social Security No. - -				
Signature of Applicant	Date			
			<input type="checkbox"/> Other ID, specify _____ No. _____	
Address of Applicant				
Street				
City	State	Zip Code		