

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name First Middle Last			Date of Birth <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> </table>									M	M	D	D	Y	Y
M	M	D	D	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
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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 _____		<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>			
Telephone No. () - - - - -		(name of client) (relationship)			
Social Security No. - - - - -					
Signature of Applicant		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)			
Date MM DD YY		TYPE OF ID			
Address of Applicant		<input type="checkbox"/> Driver's License			
Street		State _____ No. _____			
City State Zip Code		<input type="checkbox"/> Other ID, specify _____			
		No. _____			