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)

- ☐ Passport
- ☐ Social Security-Retirement
- ☐ Social Security-SSI
- ☐ Retirement
- ☐ Employment
- ☐ Other (Specify) _____
- ☐ Working Papers
- ☐ School Entrance
- ☐ Driver's License
- ☐ Marriage License
- ☐ Welfare Assistance
- ☐ Veteran's Benefits
- ☐ Court Proceeding
- ☐ Entrance into Armed Forces

APPLICANT INFORMATION

NAME — FIRST | MIDDLE | LAST

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. (___) ___-____

Social Security No. ___-___-____

If attorney, give name and relationship of your client to person whose record is required

(name of client) (relationship)

Signature of Applicant

Date — MM DD YY

Address of Applicant

Street

City State Zip Code

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

☐ Driver's License

State ____ No. _____

☐ Other ID, specify _____

No. _____