

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)

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