

# Application to Local Registrar for Copy of Birth Record

**CERTIFICATE INFORMATION**

Name First Middle Last	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <span style="font-size: small; text-align: center;">M M D D Y Y Y Y</span>	
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 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. - - - - -	If attorney, give name and relationship of your client to person whose record is required <table border="1" style="width: 100%; height: 30px; margin: 5px 0;"></table> (name of client) (relationship)
Signature of Applicant _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <span style="font-size: small; text-align: center;">MM DD YY</span>	<p style="text-align: center; margin: 0;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p style="font-size: x-small; text-align: center;">(Photocopy ID and attach to application form)</p> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
Address of Applicant Street _____ City _____ State _____ Zip Code _____	