

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

	First	Middle	Last																	
Name				Date of Birth																
				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y													
Place of Birth	Hospital (If not hospital, give street & number)			(Village, Town or City)																
				County																
	First	Middle	Last																	
Father				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
-------	--------	------

What is your relationship to person whose record is required?

Self Parent Other, specify _____

Telephone No. (____) _____

Social Security No. _____

Signature of Applicant _____

Date

MM	DD	YY

Address of Applicant

Street _____

City _____ State _____ Zip Code _____

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

(name of client)	(relationship)

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License
State _____ No. _____

Other ID, specify _____
No. _____