

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth														
First	Middle	Last	<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 <small>Hospital (If not hospital, give street &amp; number)</small>			(Village, Town or City)		County												
Father			Maiden Name of Mother														
First	Middle	Last	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		If attorney, give name and relationship of your client to person whose record is required						
FIRST	MIDDLE		LAST					
What is your relationship to person whose record is required?		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>						
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____								
Telephone No. ( ) - -		(name of client)						
Social Security No. - -		(relationship)						
Signature of Applicant		<b>FOR REGISTRAR'S USE ONLY</b> <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____						
Date								
<table border="1"> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td>MM</td><td>DD</td><td>YY</td> </tr> </table>						MM	DD	YY
MM	DD	YY						
Address of Applicant								
Street								
City								
State								
Zip Code								