

# Application to Local Registrar for Copy of Birth Record

**CERTIFICATE INFORMATION**

	First	Middle	Last																	
Name				Date of Birth <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; 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																
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**

<p><b>NAME</b></p> <p style="text-align: center;">FIRST MIDDLE LAST</p> <p>What is your relationship to person whose record is required?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. (____) _____</p> <p>Social Security No. _____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 70%; height: 30px;"></td> <td style="width: 30%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>			(name of client)	(relationship)
(name of client)	(relationship)				
<p>Signature of Applicant _____</p> <p style="text-align: right;">Date</p> <p style="text-align: right;">MM DD YY</p>	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p style="text-align: center;"><small>(Photocopy ID and attach to application form)</small></p> <p><b>TYPE OF ID</b></p> <p><input type="checkbox"/> Driver's License</p> <p style="text-align: right;">State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p style="text-align: right;">No. _____</p>				
<p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>					