

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
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	
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. (____) _____		(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		
MM DD YY		
Address of Applicant		
Street _____		
City _____ State _____ Zip Code _____		