Application to Local Registrar for Copy of Birth Record

			CERTIFICATE	INFORMA	TION	
•	First	Middle	Last			
Name			Date of Birth M M D D Y Y Y			
Hospital (If not hospital, give street & number) Place of Birth			(Village, Town or City) County			
Father			Last	Maiden Name First Middle Last of Mother		
Number of Copies Requested Enter Birth No if Known				0.	Enter Local Registration No. if Known	
Passport Purpose for Which Record is Required (Check One) Respons Social Security-Record Retirement Employment Other (Specify)			ocial Security-Reti ocial Security-SSI etirement mployment	rement	School Entrance Ve Driver's License Co Marriage License En	elfare Assistance eteran's Benefits ourt Proceeding etrance into Armed erces
NAME FIRST MIDDLE LAST What is your relationship to person whose record is required?				If attorney, give name and relationship of your client to person whose record is required		
Self Parent Other, specify				(name of client) (relationship)		
Social Security No				FOR REGISTRAR'S USE ONLY		
Signature of Applicant Date MM DD YY				TYPE OF ID Driver's License State No		
Address of Applicant				Other ID, specify		
Street						
City State Zip Code				No.		

TYPES OF ACCEPTABLE IDENTIFICATION

- 1. Driver's license
- 2. Non-driver's license
- 3. Passport
- 4. Naturalization Papers
- 5. Military ID
- 6. Employer's Photo ID
- 7. Two utility bills, showing applicant's name and address
- 8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED