

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

First Middle Last Name			Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y																							
Place of Birth <small>Hospital (If not hospital, give street &amp; number)</small>			(Village, Town or City)			County																				
First Middle Last Father			Maiden Name First Middle Last of Mother																							
Number of Copies Requested			Enter Birth No. if Known			Enter Local Registration No. if Known																				
Purpose for Which Record is Required (Check One)			<table border="0"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>						<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) _____		
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## APPLICANT INFORMATION

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