

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

FEE - \$10.00 per copy

First Middle Last			Date of Birth		
Name			<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div>		
Place of Birth	Hospital (If not hospital, give street & number)		(Village, Town or City)		County
Father	First Middle Last	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)

- | | | |
|---|---|---|
| <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

FIRST MIDDLE LAST

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. () - -

Social Security No. - -

Signature of Applicant

Date

MM

DD

YY

Address of Applicant

Street

City

State

Zip Code

If attorney, give name and relationship of your client to person whose record is required

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(name of client)

(relationship)

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License

☐

State ____ No. ____

Other ID, specify

☐

No. ____