

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name First Middle Last			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 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																			
Purpose for Which Record is Required (Check One)																							
<table style="width: 100%; border: none;"> <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></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td></td> <td></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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 30px;"></td> <td style="width: 40%;"></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)
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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. (<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"/>									
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"/>									
Signature of Applicant		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YY							
Address of Applicant Street _____ City _____ State _____ Zip Code _____									
FOR REGISTRAR'S USE ONLY <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. _____									