

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth														
First	Middle	Last	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> </table>							M	M	D	D	Y	Y		
M	M	D	D	Y	Y												
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		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						
LAST		(name of client) (relationship)							
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. ( ) - - - - -									
Social Security No. - - - - -									
Signature of Applicant		<b>FOR REGISTRAR'S USE ONLY</b> <small>(Photocopy ID and attach to application form)</small> <b>TYPE OF ID</b> <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							