

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name First Middle Last			Date of Birth MM DD YY		
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
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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

<b>NAME</b> 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><tr><td>(name of client)</td><td>(relationship)</td></tr></table>				(name of client)	(relationship)
(name of client)	(relationship)						
Telephone No. ( ) -		<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)					
Social Security No. [REDACTED]							
Signature of Applicant	Date MM DD YY			<input type="checkbox"/> Driver's License State _____ No. _____			
Address of Applicant				<input type="checkbox"/> Other ID, specify _____ No. _____			
Street							
City	State	Zip Code					