

# Application to Local Registrar for Copy of Birth Record

**CERTIFICATE INFORMATION**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Name</td> </tr> </table>	First	Middle	Last	Name			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Date of Birth</td> <td style="width: 10%; text-align: center;"> _ _ </td> <td style="width: 10%; text-align: center;"> _ _ </td> <td style="width: 10%; text-align: center;"> _ _ </td> <td style="width: 10%; text-align: center;"> _ _ </td> </tr> <tr> <td></td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> </tr> <tr> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	Date of Birth	_ _	_ _	_ _	_ _		M	M	D	D		Y	Y	Y	Y
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	Y	Y	Y	Y																		
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First	Middle	Last																				
Father																						
Maiden Name of Mother	First	Middle	Last																			
Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;">                 Purpose for Which Record is Required (Check One)             </td> <td style="width: 35%; vertical-align: top;"> <input type="checkbox"/> Passport  <input type="checkbox"/> Social Security-Retirement  <input type="checkbox"/> Social Security-SSI  <input type="checkbox"/> Retirement  <input type="checkbox"/> Employment  <input type="checkbox"/> Other (Specify) _____             </td> <td style="width: 35%; vertical-align: top;"> <input type="checkbox"/> Working Papers  <input type="checkbox"/> School Entrance  <input type="checkbox"/> Driver's License  <input type="checkbox"/> Marriage Licence  <input type="checkbox"/> Welfare Assistance  <input type="checkbox"/> Veteran's Benefits  <input type="checkbox"/> Court Proceeding  <input type="checkbox"/> Entrance into Armed Forces             </td> </tr> </table>			Purpose for Which Record is Required (Check One)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage Licence <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces																	
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**APPLICANT INFORMATION**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">FIRST</td> <td style="width: 33%; text-align: center;">MIDDLE</td> <td style="width: 33%; text-align: center;">LAST</td> </tr> <tr> <td colspan="3" style="padding: 5px;">NAME</td> </tr> </table>	FIRST	MIDDLE	LAST	NAME			If attorney, give name and relationship of your client to person whose record is required  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></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)
FIRST	MIDDLE	LAST									
NAME											
(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.  _ _ - _ - _ _ _ _	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)</p> <p><b>TYPE OF ID</b></p> <input type="checkbox"/> Driver's License State _____ No. _____  <input type="checkbox"/> Other ID, specify _____ No. _____										
Signature of Applicant _____ <div style="text-align: right;">                     Date                       _ _ _ _ _ _                       M M D D Y Y                 </div>											
Address of Applicant  Street _____  City _____ State _____ Zip Code _____											

## **TYPES OF ACCEPTABLE IDENTIFICATION**

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**