Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION		
First Middle Name	Last	Date of Birth M M D D Y Y Y Y
Place of Birth Hospital (If not hospital, give street & number)		(Village, Town or City) County
First Middle Father	Last	Maiden Name First Middle Last of Mother
Number of Copies Requested	Enter Birth N	o. Enter Local Registration No. if Known
Passport Working Papers Welfare Assistance Social Security-Retirement School Entrance Veteran's Benefits Purpose for Which Record is Required (Check One) Retirement Marriage License Entrance into Armed Forces Other (Specify)		
APPLICANT INFORMATION		
NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify Telephone No. ()		If attorney, give name and relationship of your client to person whose record is required
		(name of client) (relationship)
		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID Driver's License State No
Address of Applicant		Other ID, specify
Street		No
City State Zip Code		17-7

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