

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
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

FIRST MIDDLE LAST

What is your relationship to person whose record is required?

Self  Parent  Other, specify \_\_\_\_\_

Telephone No. ( ) - - - - -

Social Security No. - - - - -

If attorney, give name and relationship of your client to person whose record is required

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(name of client) (relationship)

Signature of Applicant

Date

MM DD YY

Address of Applicant

Street

City State Zip Code

**FOR REGISTRAR'S USE ONLY**  
(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License  
State \_\_\_\_\_ No. \_\_\_\_\_

Other ID, specify \_\_\_\_\_  
No. \_\_\_\_\_