

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

First Middle Last			Date of Birth		
Name			<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M M D D Y Y Y Y </div>		
Place of Birth			<div style="display: flex;"> <div style="flex: 2;">Hospital (If not hospital, give street &amp; number)</div> <div style="flex: 1;">(Village, Town or City)</div> <div style="flex: 1;">County</div> </div>		
First Middle Last			First Middle Last		
Father			Maiden Name of Mother		

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)

☐ Passport  
☐ Social Security-Retirement  
☐ Social Security-SSI  
☐ Retirement  
☐ Employment  
☐ Other (Specify) \_\_\_\_\_

☐ Working Papers  
☐ School Entrance  
☐ Driver's License  
☐ Marriage License

☐ Welfare Assistance  
☐ Veteran's Benefits  
☐ Court Proceeding  
☐ Entrance into Armed Forces

## APPLICANT INFORMATION

NAME		If attorney, give name and relationship of your client to person whose record is required	
FIRST	MIDDLE		LAST
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. ( ) - - - - -		<div style="display: flex;"> <div style="flex: 2; border: 1px solid black; height: 30px;"></div> <div style="flex: 1; border: 1px solid black; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(name of client)</span> <span>(relationship)</span> </div>	
Social Security No. - - - - -			
Signature of Applicant		<b>FOR REGISTRAR'S USE ONLY</b> <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____	
Date			
<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YY </div>			
Address of Applicant			
Street			
City	State	Zip Code	