

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

	First	Middle	Last	Date of Birth																		
Name				<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <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> <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>									M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y															
Place of Birth	Hospital (If not hospital, give street & number)			(Village Town of City)			County															
	First	Middle	Last	Maiden Name of Mother			First	Middle	Last													
Father																						
Number of Copies Requested			Enter Birth No. if Known			Enter Local Registration No. if Known																

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

<p>NAME FIRST _____ MIDDLE _____ LAST _____</p> <p>What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other. specify _____</p> <p>Telephone No. (____) _____-____</p> <p>Social Security No. _____-____-____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 70%; height: 30px;"></td> <td style="border: 1px solid black; width: 30%; 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)								
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<p>Signature of Applicant _____</p> <p style="text-align: right;">Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> <td colspan="3"></td> </tr> </table> </p>							MM	DD	YY				<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</p> <p style="text-align: center; font-size: small; margin: 0;">(Photocopy ID and attach to application form)</p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____ No. _____</p> </div>
MM	DD	YY											
<p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>													