

# Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																					
Name	First	Middle	Last	Date of Birth	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></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 or City)	County																
Father	First	Middle	Last	Maiden Name of Mother	First	Middle	Last														
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"/> 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 License		<input type="checkbox"/> Welfare Assistance		<input type="checkbox"/> Veteran's Benefits														
	<input type="checkbox"/> Court Proceeding		<input type="checkbox"/> Entrance into Armed Forces																		
APPLICANT INFORMATION																					
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="border-bottom: 1px solid black; width: 25%; text-align: center;">FIRST</td> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">MIDDLE</td> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">LAST</td> <td style="width: 25%;"></td> </tr> </table>				FIRST	MIDDLE	LAST		<table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>													
FIRST	MIDDLE	LAST																			
What is your relationship to person whose record is required?				(name of client)																	
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____				(relationship)																	
Telephone No. (____) _____-_____																					
Social Security No. _____-____-_____																					
Signature of Applicant				Date																	
				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></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></td> </tr> </table>								MM	DD	YY							
MM	DD	YY																			
Address of Applicant				<b>FOR REGISTRAR'S USE ONLY</b>																	
Street				(Photocopy ID and attach to application form)																	
City				TYPE OF ID																	
State				<input type="checkbox"/> Driver's License																	
Zip Code				<input type="checkbox"/> State _____ No. _____																	
				<input type="checkbox"/> Other ID, specify _____																	
				No. _____																	