Application to Local Registrar for Copy of Birth Record

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

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