

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; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">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)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Passport</td> <td style="width: 33%;"><input type="checkbox"/> Working Papers</td> <td style="width: 33%;"><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>					<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) _____		
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APPLICANT INFORMATION																							
NAME			If attorney, give name and relationship of your client to person whose record is required																				
FIRST	MIDDLE	LAST	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 60%; height: 30px;"></td> <td style="border: 1px solid black; width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">(name of client)</td> <td style="text-align: center; font-size: 8px;">(relationship)</td> </tr> </table>					(name of client)	(relationship)														
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What is your relationship to person whose record is required?			FOR REGISTRAR'S USE ONLY																				
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			(Photocopy ID and attach to application form)																				
Telephone No. (____) _____-_____			TYPE OF ID																				
Social Security No. _____-____-_____			<input type="checkbox"/> Driver's License State _____ No. _____																				
Signature of Applicant		Date	<input type="checkbox"/> Other ID, specify _____ No. _____																				
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Address of Applicant																							
Street _____																							
City _____		State _____		Zip Code _____																			