Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION		
First Middle Name	Last	Date of Birth M M D D Y Y Y Y
Hospital (If not hospital, give street & number) Place of Birth		(Village, Town or City) County
First Middle Father	Last	Maiden Name First Middle Last of Mother
Number of Copies Requested Enter Birth N if Known		Io. Enter Local Registration No. if Known
Passport Working Papers Welfare Assistance Social Security-Retirement School Entrance Veteran's Benefits Purpose for Which Social Security-SSI Driver's License Court Proceeding Retirement Marriage License Entrance into Armed Forces Other (Specify)		
NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify Telephone No. () Date Signature of Applicant Date MM DD YY Address of Applicant		If attorney, give name and relationship of your client to person whose record is required
		(name of client) (relationship) FOR REGISTRAR'S USE ONLY
		TYPE OF ID Driver's License State No. No. Driver Driver No. Driver Driver No. Driver Driver Driver No. Driver Driv
		Other ID, specify
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