Application to Local Registrar for Copy of Birth Record

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

(OVER)

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