Application to Local Registrar for Copy of Birth Record

			CERTIFICATE	INFORMA	TION	
Name	First	Middle	Last	Date of Bir		
Hospital (If not hospital, give street & number) Place of Birth				(Village, Town or City) County		
Father	First	Middle	Last	Maiden Na of Mother	ame First Midd	dle Last
Number of Copies Requested Enter Birth No if Known				0.	Enter Local Registration No. if Known	
Passport Social Security-Retire Purpose for Which Record is Required (Check One) Retirement Employment Other (Specify)				rement	School Entrance V Driver's License C Marriage License	Velfare Assistance Veteran's Benefits Court Proceeding Entrance into Armed Forces
APPLICANT IN NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify Telephone No. ()				FORMATION If attorney, give name and relationship of your client to person whose record is required		
				(name of	,	(relationship)
Signature of Applicant Date MM DD YY				TYPE OF ID Oriver's License State No		
Address of Applicant				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