

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																					
	First	Middle	Last																		
Name				Date of Birth	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">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)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License		<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces																
APPLICANT INFORMATION																					
NAME				If attorney, give name and relationship of your client to person whose record is required																	
FIRST	MIDDLE	LAST																			
What is your relationship to person whose record is required?				<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> </table>																	
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____				(name of client) (relationship)																	
Telephone No. () - - - - -				FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)																	
Social Security No. - - - - -																					
Signature of Applicant			Date																		
			MM	DD	YY																
Address of Applicant																					
Street																					
City		State			Zip Code																
				TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____																	
				<input type="checkbox"/> Other ID, specify _____ No. _____																	