

# 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				Maiden Name of Mother																		
				<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">First</td> <td style="width: 20%; text-align: center;">Middle</td> <td style="width: 20%; text-align: center;">Last</td> </tr> </table>		First	Middle	Last														
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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: none;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><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

<b>NAME</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">FIRST</td> <td style="width: 33%; text-align: center;">MIDDLE</td> <td style="width: 33%; text-align: center;">LAST</td> </tr> </table> What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. (____) _____-_____ Social Security No. _____-____-____	FIRST	MIDDLE	LAST	If attorney, give name and relationship of your client to person whose record is required <table style="width: 100%; border: 1px solid black; height: 30px; margin-top: 10px;"></table> <div style="display: flex; justify-content: space-between;"> <span>(name of client)</span> <span>(relationship)</span> </div>			
FIRST	MIDDLE	LAST					
Signature of Applicant _____ <div style="text-align: right; margin-top: 10px;"> <b>Date</b>  <table style="width: 60px; 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> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> </table> </div>				MM	DD	YY	<b>FOR REGISTRAR'S USE ONLY</b> <small>(Photocopy ID and attach to application form)</small> <b>TYPE OF ID</b> <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
MM	DD	YY					
<b>Address of Applicant</b> Street _____ City _____ State _____ Zip Code _____							