



Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last Name			Date of Birth M M D D Y Y Y Y		
Place of Birth Hospital (If not hospital, give street & number)			(Village, Town or City) County		
First Middle Last Father			Maiden Name First Middle Last of Mother		
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known	

Purpose for Which
Record is Required
(Check One)

- | | | |
|---|---|---|
| ☐ Passport | ☐ Working Papers | ☐ Welfare Assistance |
| ☐ Social Security-Retirement | ☐ School Entrance | ☐ Veteran's Benefits |
| ☐ Social Security-SSI | ☐ Driver's License | ☐ Court Proceeding |
| ☐ Retirement | ☐ Marriage License | ☐ Entrance into Armed Forces |
| ☐ Employment | | |
| ☐ Other (Specify) _____ | | |

APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required	
What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____		 (name of client) (relationship)	
Telephone No. () -		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID ☐ Driver's License State _____ No. _____ ☐ Other ID, specify _____ No. _____	
Social Security No. - -			
Signature of Applicant _____ Date MM DD YY			
Address of Applicant Street _____ City _____ State _____ Zip Code _____			

Under penalty of perjury, I do hereby swear or affirm that the statements
made herein are true and correct to the best of my knowledge and belief.

Signature _____

State of _____ County of _____
Subscribed and sworn to (affirmed) before me this
_____ day of _____
by _____

Notary Public _____