

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			
Hospital (If not hospital, give street & number) Place of Birth			(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 ☐ Social Security-Retirement ☐ Social Security-SSI ☐ Retirement ☐ Employment ☐ Other (Specify) _____		
☐ Working Papers ☐ School Entrance ☐ Driver's License ☐ Marriage License ☐ Welfare Assistance ☐ Veteran's Benefits ☐ Court Proceeding ☐ Entrance into Armed Forces		

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. ()			
Social Security No. - -			
Signature of Applicant		Date MM DD YY	
Address of Applicant Street _____ City _____ State _____ Zip Code _____		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
		TYPE OF ID ☐ Driver's License State _____ No. _____ ☐ Other ID, specify _____ No. _____	