Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION		
First Middle Name	Last	Date of Birth M M D D Y Y Y Y
Hospital (If not hospital, give Place of Birth	street & number)	(Village, Town or City) County
First Middle Father	Last	Maiden Name First Middle Last of Mother
Number of Copies Requested	Enter Birth North Rough	o. Enter Local Registration No. if Known
Passport Working Papers Welfare Assistance Social Security-Retirement School Entrance Veteran's Benefits Purpose for Which Social Security-SSI Driver's License Court Proceeding Retirement Marriage License Entrance into Armed Forces Other (Specify)		
NAME FIRST What is your relationship to personate record is required?		If attorney, give name and relationship of your client to person whose record is required
Self Parent Other, specify Telephone No. ((name of client) (relationship)
Signature of Applicant	Date MM DD YY	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID Driver'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