Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION					
First N	Middle	Last	Date of Bir		
Hospital (If not hospital, give street & number) Place of Birth			(Village, Town or City)		County
First N Father	Middle	Last	Maiden Na of Mother	me First Middle	e Last
Number of Copies Requested Enter Birth No if Known			0.	Enter Local Registration No. if Known	
Passport Social Security-Retire Purpose for Which Record is Required (Check One) Retirement Employment Other (Specify)			rement	School Entrance Ver Driver's License Co Marriage License En	elfare Assistance teran's Benefits urt Proceeding trance into Armed rces
APPLICANT IND NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify			If attorney, give name and relationship of your client to person whose record is required		
Telephone No. ()			(name of client) (relationship		
Social Security No			FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID Driver's License		
Address of Applicant				State No 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