

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION									
<div style="display: flex; justify-content: space-around;"> First Middle Last </div> Name			Date of Birth <div style="display: flex; justify-content: space-around; font-family: monospace;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M M D D Y Y Y Y </div>						
Place of Birth <div style="font-size: small;">Hospital (If not hospital, give street & number)</div>			(Village, Town or City)				County		
<div style="display: flex; justify-content: space-around;"> First Middle Last </div> Father			<div style="display: flex; justify-content: space-around;"> Maiden Name of Mother First Middle Last </div>						
Number of Copies Requested			Enter Birth No. if Known			Enter Local Registration No. if Known			
Purpose for Which Record is Required (Check One)			<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Passport </div> <div style="width: 33%;"> <input type="checkbox"/> Social Security-Retirement </div> <div style="width: 33%;"> <input type="checkbox"/> Social Security-SSI </div> <div style="width: 33%;"> <input type="checkbox"/> Retirement </div> <div style="width: 33%;"> <input type="checkbox"/> Employment </div> <div style="width: 33%;"> <input type="checkbox"/> Other (Specify) _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Working Papers </div> <div style="width: 33%;"> <input type="checkbox"/> School Entrance </div> <div style="width: 33%;"> <input type="checkbox"/> Driver's License </div> <div style="width: 33%;"> <input type="checkbox"/> Marriage License </div> <div style="width: 33%;"> <input type="checkbox"/> Welfare Assistance </div> <div style="width: 33%;"> <input type="checkbox"/> Veteran's Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Court Proceeding </div> <div style="width: 33%;"> <input type="checkbox"/> Entrance into Armed Forces </div> </div>						

APPLICANT INFORMATION	
NAME <div style="display: flex; justify-content: space-around; font-size: small;"> FIRST MIDDLE LAST </div> 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. - - <div style="display: flex; justify-content: space-between;"> <div>Signature of Applicant</div> <div> Date <div style="display: flex; justify-content: space-around; font-family: monospace;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YY </div> </div> </div>	If attorney, give name and relationship of your client to person whose record is required <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 45%; height: 30px;"></div> <div style="border: 1px solid black; width: 45%; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> (name of client) (relationship) </div>
FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small>	
<div style="display: flex;"> <div style="width: 30%;"> TYPE OF ID <input type="checkbox"/> Driver's License <input type="checkbox"/> State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </div> <div style="width: 70%;"> No. _____ </div> </div>	
<div style="display: flex;"> <div style="width: 50%;"> Address of Applicant <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip Code </div> </div> <div style="width: 50%;"></div> </div>	

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