

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																														
Name	First	Middle	Last	Date of Birth																										
				<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>								M	M	D	D	Y	Y	Y												
M	M	D	D	Y	Y	Y																								
Place of Birth	Hospital (If not hospital, give street & number)			(Village, Town or City)		County																								
Father	First	Middle	Last	Maiden Name of Mother	First	Middle																								
						Last																								
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; padding: 5px; vertical-align: top;">Purpose for Which Record is Required (Check One)</td> <td style="padding: 5px;"><input type="checkbox"/> Passport</td> <td style="padding: 5px;"><input type="checkbox"/> Working Papers</td> <td style="padding: 5px;"><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Social Security-Retirement</td> <td style="padding: 5px;"><input type="checkbox"/> School Entrance</td> <td style="padding: 5px;"><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Social Security-SSI</td> <td style="padding: 5px;"><input type="checkbox"/> Driver's License</td> <td style="padding: 5px;"><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Retirement</td> <td style="padding: 5px;"><input type="checkbox"/> Marriage License</td> <td style="padding: 5px;"><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Employment</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td colspan="3" style="padding: 5px;"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>							Purpose for Which Record is Required (Check One)	<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance		<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits		<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding		<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces		<input type="checkbox"/> Employment				<input type="checkbox"/> Other (Specify) _____		
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APPLICANT INFORMATION																														
NAME				If attorney, give name and relationship of your client to person whose record is required																										
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What is your relationship to person whose record is required?				(name of client)																										
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____				(relationship)																										
Telephone No. (____) _____-_____																														
Social Security No. _____-____-_____																														
Signature of Applicant				Date																										
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Address of Applicant				FOR REGISTRAR'S USE ONLY																										
Street				(Photocopy ID and attach to application form)																										
City				TYPE OF ID																										
State				<input type="checkbox"/> Driver's License																										
Zip Code				<input type="checkbox"/> State _____ No. _____																										
				<input type="checkbox"/> Other ID, specify _____																										
				No. _____																										