Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION		
Place of Birth First Middle Middle Middle Middle Middle Middle	Last ve street & number)	Date of Birth M M D D Y Y Y Y (Village, Town or City) County
First Middle Father	Last	Maiden Name First Middle Last of Mother
Number of Copies Requested	Enter Birth No	Enter Local Registration No. if Known
Passport Working Papers Welfare Assistance Social Security-Retirement School Entrance Veteran's Benefits Purpose for Which Record is Required (Check One) Retirement Driver's License Court Proceeding Retirement Marriage License Entrance into Armed Forces Other (Specify)		
NAME FIRST MIDDLE What is your relationship to perfect record is required? Self Parent Other, specifications.		IFORMATION If attorney, give name and relationship of your client to person whose record is required
Telephone No. () Date Signature of Applicant Address of Applicant Street		(name of client) (relationship) FOR REGISTRAR'S USE ONLY
		(Photocopy ID and attach to application form) TYPE OF ID Driver's License State No
		Other ID, specify
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