

**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**

<p>What is your relationship to person whose record is required?</p> <p> <input type="checkbox"/> Self                    <input type="checkbox"/> Parent                    <input type="checkbox"/> Other (specify) _____             </p>		<p>NAME</p> <p>First _____ Middle _____ Last _____</p>
<p>Telephone No. (____) _____</p> <p>Social Security No. _____</p>		<p>Signature of Applicant</p> <p>_____                  Date _____                  MM DD YY</p>
<p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>FOR REGISTRAR'S USE ONLY</p> <p>Type of ID: <input type="checkbox"/> Driver's license    <input type="checkbox"/> Other ID (specify) _____</p> <p>No. _____</p>

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Name</td> </tr> </table>	First	Middle	Last	Name			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Date of Birth</td> <td style="text-align: center;"> <table style="display: inline-table; border-collapse: collapse;"> <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> <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><td style="text-align: center;">Y</td> </tr> </table> </td> </tr> </table>	Date of Birth	<table style="display: inline-table; border-collapse: collapse;"> <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> <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><td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
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First	Middle	Last																							
Father																									
Maiden Name of Mother	First	Middle	Last																						

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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Purpose for Which Record is Required (Check One)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License	<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces
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## APPLICANT INFORMATION

NAME <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">FIRST</td> <td style="width: 33%; text-align: center;">MIDDLE</td> <td style="width: 33%; text-align: center;">LAST</td> </tr> </table> 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. _____-_____-_____  Signature of Applicant _____ Date <table style="display: inline-table; border-collapse: collapse;"> <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> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> </table>	FIRST	MIDDLE	LAST				MM	DD	YY	If attorney, give name and relationship of your client to person whose record is required  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 60%; height: 30px;"></td> <td style="border: 1px solid black; width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>			(name of client)	(relationship)
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MM	DD	YY												
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Address of Applicant  Street _____  City _____ State _____ Zip Code _____	<h3 style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</h3> <p style="font-size: small; text-align: center;">(Photocopy ID and attach to application form)</p> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____  <input type="checkbox"/> Other ID, specify _____ No. _____
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