## Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION						
Name	First	Middle	Last	Date of Bir	th M M D D Y Y	/ Y Y
Place of Birth				(Village, Town or City) County		
Father	First	Middle	Last	Maiden Na of Mother	ame First Middl	e Last
Number of Copies Requested Enter Birth No if Known				0.	Enter Local Registration No. if Known	
Purpose for Which Record is Required (Check One)  Passport Social Security-Retire Social Security-SSI Retirement Employment Other (Specify)				rement	School Entrance Ve Driver's License Co Marriage License En	elfare Assistance teran's Benefits ourt Proceeding trance into Armed rces
NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?				If attorney, give name and relationship of your client to person whose record is required		
Self Parent Other, specify  Telephone No. ( ) -   -     -				(name of client) (relationship)  FOR REGISTRAR'S USE ONLY		
Signature of Applicant  Date  MM DD YY				TYPE OF ID  (Photocopy ID and attach to application form)  Driver's License  State No		
Address of Applicant  Street					Other ID, specify No	
Citv		State	Zip Code			

## 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