

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="width: 30%;">Date of Birth</td> <td style="width: 10%; text-align: center;"> _ </td> <td style="width: 10%; text-align: center;"> _ </td> <td style="width: 10%; text-align: center;"> _ </td> <td style="width: 10%; text-align: center;"> _ </td> <td style="width: 10%; text-align: center;"> _ </td> <td style="width: 10%; text-align: center;"> _ </td> <td style="width: 10%; text-align: center;"> _ </td> </tr> <tr> <td></td> <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>	Date of Birth	_	_	_	_	_	_	_		M	M	D	D	Y	Y	Y
First	Middle	Last																					
Name																							
Date of Birth	_	_	_	_	_	_	_																
	M	M	D	D	Y	Y	Y																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Place of Birth</td> <td style="width: 30%; padding: 5px;">Hospital (If not hospital, give street & number)</td> <td style="width: 20%; padding: 5px;">(Village, Town or City)</td> </tr> <tr> <td colspan="3" style="padding: 5px;">County</td> </tr> </table>	Place of Birth	Hospital (If not hospital, give street & number)	(Village, Town or City)	County																			
Place of Birth	Hospital (If not hospital, give street & number)	(Village, Town or City)																					
County																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">First</td> <td style="width: 30%; text-align: center;">Middle</td> <td style="width: 30%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Father</td> </tr> </table>	First	Middle	Last	Father			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Maiden Name of Mother</td> <td style="width: 10%; text-align: center;">First</td> <td style="width: 10%; text-align: center;">Middle</td> <td style="width: 10%; text-align: center;">Last</td> </tr> </table>	Maiden Name of Mother	First	Middle	Last												
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
----------------------------	--------------------------	---------------------------------------

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
--	--	---	--

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. _ _ - _ - _ _ _ _ _ _	FIRST	MIDDLE	LAST	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="width: 60%; border: 1px solid black; height: 30px;"></td> <td style="width: 40%; border: 1px solid black; 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)
FIRST	MIDDLE	LAST						
(name of client)	(relationship)							

Signature of Applicant _____ <div style="text-align: right; margin-right: 50px;"> Date _ _ _ _ _ _ MM DD YY </div> Address of Applicant Street _____ City _____ State _____ Zip Code _____	<h3 style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</h3> <p style="text-align: center; font-size: small; margin: 0;">(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. _____
---	--