Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION				
First Middle Name	Last	Date of Bir		
Place of Birth		(Village, Town or City) County		
First Middle Father	Last	Maiden Na of Mother	ame First	Middle 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)	rement	Working Papers [School Entrance [Driver's License [Marriage License [Welfare Assistance Veteran's Benefits Court Proceeding Entrance into Armed Forces	
NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify				rd is required
Telephone No. ()		(name of client) (relationship) FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID Driver's License State No		
Signature of Applicant Date MM DD YY				
Address of Applicant Street		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