## Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION					
First Middle Name	Last	Date of Bir	th M M D D Y Y		
Hospital (If not hospital, give street & number) Place of Birth		(Village, Town or City) County			
First Middle Last Father		Maiden Name First Middle Last of Mother			
Number of Copies Requested Enter Birth Nif Known		0.	Enter Local Registration No. if Known		
Purpose for Which Record is Required (Check One)  Passport Social Security-Retirem Social Security-SSI Retirement Employment Other (Specify)  APPLICANT INFO			Driver's License Court Proceeding  Marriage License Entrance into Armed Forces		
NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?  Self Parent Other, specify		If attorney, give name and relationship of your client to person whose record is required			
Telephone No. ([]) []		(name of client) (relationship)			
Social Security No. Date  Signature of Applicant  MM DD YY		TYPE OF ID  Oriver's License  State No			
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