## Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION				
First Middle Last Name		Date of Birth M M D D Y Y 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 No if Known		D.	Enter Local Registration No. if Known	
Purpose for Which Record is Required (Check One)  Record is Required	ement	School Entrance Vet  Driver's License Con	Ifare Assistance teran's Benefits art Proceeding rance into Armed ces	
APPLICANT IN  NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?  Self Parent Other, specify		FORMATION  If attorney, give name and relationship of your client to person whose record is required		
Telephone No. ( ) Social Security No.		(name of client) (relationship)  FOR REGISTRAR'S USE ONLY		
Signature of Applicant  Date  MM DD YY		(Photocopy ID and attach to application form)  TYPE OF ID  Driver's License  StateNo		
Address of Applicant Street		Other ID, specify		
City State Zip Code			No	N. (1)

## 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