

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-top: 5px;">Name</td> </tr> </table>	First	Middle	Last	Name			Date of Birth <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">M</td> <td style="text-align: center; font-size: small;">M</td> <td style="text-align: center; font-size: small;">D</td> <td style="text-align: center; font-size: small;">D</td> <td style="text-align: center; font-size: small;">Y</td> <td style="text-align: center; font-size: small;">Y</td> <td style="text-align: center; font-size: small;">Y</td> <td style="text-align: center; font-size: small;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
First	Middle	Last																					
Name																							
M	M	D	D	Y	Y	Y	Y																
Place of Birth <small>Hospital (If not hospital, give street & number)</small>	(Village, Town or City)	County																					
<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-top: 5px;">Father</td> </tr> </table>	First	Middle	Last	Father			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Maiden Name</td> <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="4" style="padding-top: 5px;">of Mother</td> </tr> </table>		Maiden Name	First	Middle	Last	of Mother										
First	Middle	Last																					
Father																							
Maiden Name	First	Middle	Last																				
of Mother																							
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"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

NAME <table style="width: 100%; border-collapse: collapse; font-size: small;"> <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="border: 1px solid black; width: 70%; height: 30px;"></td> <td style="border: 1px solid black; width: 30%; height: 30px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">(name of client)</td> <td style="text-align: center; font-size: small;">(relationship)</td> </tr> </table>			(name of client)	(relationship)
FIRST	MIDDLE	LAST						
(name of client)	(relationship)							
Signature of Applicant _____ <div style="text-align: right; margin-top: 5px;"> Date <table style="display: inline-table; border-collapse: collapse; font-size: small;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: x-small;">MM</td> <td style="text-align: center; font-size: x-small;">DD</td> <td style="text-align: center; font-size: x-small;">YY</td> </tr> </table> </div>				MM	DD	YY	<h3 style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</h3> <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____	
MM	DD	YY						
Address of Applicant Street _____ City _____ State _____ Zip Code _____								