

Application to Local Registrar for Copy of Birth Record

Identification Requirements: Application *must* be submitted with copies of either A or B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

<p>A. One (1) of the following forms of valid photo-ID: -OR-</p> <ul style="list-style-type: none">• Driver license• Non-driver photo-ID card• Passport• Employment ID	<p>B. Two (2) of the following showing the applicant's name and address:</p> <ul style="list-style-type: none">• Utility or telephone bills• Letter from a government agency dated within the last six (6) months
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Name: <i>(as listed on birth certificate)</i>			Date of Birth:
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>

Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	

Father: (as listed on birth certificate)			Number of Copies Requested:
First	Middle	Last	

Purpose for which Record is Required: (Check one)	<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver license	<input type="checkbox"/> Veteran's benefits
	<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
	<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
	<input type="checkbox"/> Other (specify)			

What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:
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Signature of Applicant:	Date Signed:		
	Month	Day	Year

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Address of Applicant:

(Applicant's Name)

(Street)

(City) (State) (Zip)

Telephone No.: ()
