Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION							
First Name				Date of Birth M M D D Y Y Y Y			
Place of Hospital (If not hospital, give street & number) Birth			(Village, Town or City) Coun			ounty	
First Father	Middle	Last	Maiden Na of Mother	ıme First	Middle	Last	
Number of Copies Requested Enter Birth No if Known			0.	Enter Local Registration No. if Known			
Passport						's Benefits roceeding	
APPLICANT INFORMATION							
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)		(r	elationship)	
Social Security No.			FOR REGISTRAR'S USE ONLY				
Signature of Applicant Date MM DD YY Address of Applicant			TYPE OF ID Driver's License				
						Street	Street
City State Zip Code				INO			

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