

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; vertical-align: middle; border-collapse: collapse;"> <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: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>												M	M	D	D	Y	Y	Y	Y
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Place of Birth <small>Hospital (if not hospital, give street & number)</small>			(Village, Town or City)		County																							
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First	Middle	Last																										
Father																												
Maiden Name of Mother	First	Middle	Last																									
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known																								
Purpose for Which Record is Required (Check One)		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Passport</td> <td style="width: 25%;"><input type="checkbox"/> Working Papers</td> <td style="width: 25%;"><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage Licence</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>					<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 Licence	<input type="checkbox"/> Entrance into Armed Forces	<input type="checkbox"/> Employment			<input type="checkbox"/> Other (Specify) _____						
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NAME <small>FIRST MIDDLE LAST</small>			If attorney, give name and relationship of your client to person whose record is required																									
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> </table>																									
Telephone No. (____)____-____			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">(name of client)</td> <td style="width: 30%; text-align: center;">(relationship)</td> </tr> </table>				(name of client)	(relationship)																				
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Signature of Applicant			<div style="text-align: center;"> FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small> </div> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____																									
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Address of Applicant Street _____ City _____ State _____ Zip Code _____																												