## Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION				
First Middle Last		Date of Birth M M D D Y Y Y Y		
Place of Hospital (If not hospital, give street & number) Birth		(Village, To	own or City)	County
First Middle Father	Last	Maiden Na of Mother	ame First Mid	dle Last
Number of Copies Requested Enter Birth No if Known		0.	Enter Local Registration No. if Known	
Purpose for Which Record is Required (Check One)  Passport  Social Security-Retirement  Social Security-SSI  Driver's License  Court Proceeding  Marriage License  Entrance into Armed Forces  Other (Specify)				
APPLICANT IN  NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?  Self Parent Other, specify  Telephone No. ( )		If attorne	ON y, give name and relati person whose record is	
		(name of	FOR REGISTRAR'S U	
Signature of Applicant  Date  MM DD YY		TYPE OF ID  Driver's License  State No		
Address of Applicant Street		Other ID, specify		
City State Zip Code			No.	

## 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