

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: 5px;">Name</td> </tr> </table>	First	Middle	Last	Name			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Date of Birth</td> <td style="text-align: center;"> <table style="display: inline-table; 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;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table> </td> </tr> </table>	Date of Birth	<table style="display: inline-table; 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;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
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Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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Purpose for Which Record is Required (Check One)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License	<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces
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APPLICANT INFORMATION

NAME <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> </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; margin-top: 10px;"> <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;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>			(name of client)	(relationship)
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Signature of Applicant _____ <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%; text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;"> <table style="display: inline-table; 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> </tr> <tr> <td style="text-align: center;">MM</td><td style="text-align: center;">DD</td><td style="text-align: center;">YY</td> </tr> </table> </td> </tr> </table> Address of Applicant Street _____ City _____ State _____ Zip Code _____	Date	<table style="display: inline-table; 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> </tr> <tr> <td style="text-align: center;">MM</td><td style="text-align: center;">DD</td><td style="text-align: center;">YY</td> </tr> </table>							MM	DD	YY	<h3 style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</h3> <p style="font-size: small; text-align: center;">(Photocopy ID and attach to application form)</p> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
Date												
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