Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION		
First Middle Name Place of Hospital (If not hospital, give Birth	Last street & number)	Date of Birth M M D D Y Y Y Y (Village, Town or City) County
First Middle Father	Last	Maiden Name First Middle Last of Mother
Number of Copies Requested	Enter Birth N if Known	o. Enter Local Registration No. if Known
Passport		
NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify Telephone No. (IFORMATION If attorney, give name and relationship of your client to person whose record is required
		(name of client) (relationship) FOR REGISTRAR'S USE ONLY
Signature of Applicant	Date	(Photocopy ID and attach to application form) TYPE OF ID Driver's License
Address of Applicant	ININI DO TT	State No Other ID, specify
Street 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