

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION						
<div style="display: flex; justify-content: space-between;"> First Middle Last </div> Name			Date of Birth <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> M M D D Y Y Y Y </div>			
Place of Birth		Hospital (If not hospital, give street & number)		(Village, Town or City)		County
<div style="display: flex; justify-content: space-between;"> First Middle Last </div> Father			<div style="display: flex; justify-content: space-between;"> First Middle Last </div> Maiden Name of Mother			
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known		
Purpose for Which Record is Required (Check One)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Passport</div> <div style="width: 33%;"><input type="checkbox"/> Working Papers</div> <div style="width: 33%;"><input type="checkbox"/> Welfare Assistance</div> <div style="width: 33%;"><input type="checkbox"/> Social Security-Retirement</div> <div style="width: 33%;"><input type="checkbox"/> School Entrance</div> <div style="width: 33%;"><input type="checkbox"/> Veteran's Benefits</div> <div style="width: 33%;"><input type="checkbox"/> Social Security-SSI</div> <div style="width: 33%;"><input type="checkbox"/> Driver's License</div> <div style="width: 33%;"><input type="checkbox"/> Court Proceeding</div> <div style="width: 33%;"><input type="checkbox"/> Retirement</div> <div style="width: 33%;"><input type="checkbox"/> Marriage License</div> <div style="width: 33%;"><input type="checkbox"/> Entrance into Armed Forces</div> <div style="width: 33%;"><input type="checkbox"/> Employment</div> <div style="width: 33%;"><input type="checkbox"/> Other (Specify) _____</div> </div>						
APPLICANT INFORMATION						
NAME			If attorney, give name and relationship of your client to person whose record is required			
<div style="display: flex; justify-content: space-between; font-size: small;"> FIRST MIDDLE LAST </div> What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Telephone No. (____) _____-____			(name of client)			
Social Security No. _____-____-____			(relationship)			
Signature of Applicant			FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small>			
Date			TYPE OF ID			
<div style="display: flex; justify-content: space-around; font-size: small;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small; margin-top: 2px;"> MM DD YY </div>			<input type="checkbox"/> Driver's License			
Address of Applicant			State ____ No. _____			
Street			<input type="checkbox"/> Other ID, specify			
City			No. _____			
State			_____			
Zip Code			_____			