Application to Local Registrar for Copy of Birth Record

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