

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name			Date of Birth or Period Covered By Search		
First	Middle	Last			
Place of Birth			Hospital (If not hospital, give street & number)		(County)
			(Village, town or city)		
Father			Maiden Name of Mother		
First	Middle	Last	First	Middle	Last
Number of Copies Desired		Enter Birth No. if Known		Enter Local Registration No. If known	

Purpose for Which
Record is Required
Check One

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance Into Armed Forces
<input type="checkbox"/> Other (specify) _____		

What is your relationship to person whose record is
required? If self, state "self"

If attorney, give name and relationship of your client to
person whose record is required

This office requires written authorization of the person/parents whose record is requested before
a search is processed.

Signature of Applicant

Date

Address of Applicant

Please print name and address where record should
be sent.