

## Application to Local Registrar For Copy of Birth Record

<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> <div style="border-bottom: 1px solid black; min-height: 20px;"></div>					Date of Birth <div style="display: flex; justify-content: space-around; font-size: small;"> <span><u>  </u> <u>  </u> <u>  </u></span> <span><u>  </u> <u>  </u> <u>  </u></span> <span><u>  </u> <u>  </u> <u>  </u> <u>  </u></span> </div>					
Name <div style="border-bottom: 1px solid black; min-height: 20px;"></div>					<div style="display: flex; justify-content: space-between;"> <span>Village, Town or City</span> <span>County</span> </div>					
Place of Birth <div style="border-bottom: 1px solid black; min-height: 20px;"></div>										
<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> <div style="border-bottom: 1px solid black; min-height: 20px;"></div>					<div style="display: flex; justify-content: space-between;"> <span>Mother's Maiden Name</span> <span>First</span> <span>Middle</span> <span>Last</span> </div> <div style="border-bottom: 1px solid black; min-height: 20px;"></div>					
Father's Name <div style="border-bottom: 1px solid black; min-height: 20px;"></div>										
Number of Copies Requested <div style="border-bottom: 1px solid black; min-height: 20px;"></div>			Enter Birth No. if Known <div style="border-bottom: 1px solid black; min-height: 20px;"></div>			Enter Local Registration No. if Known <div style="border-bottom: 1px solid black; min-height: 20px;"></div>				
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"/> 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		
		<input type="checkbox"/> Other (specify) _____								
<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> <div style="border-bottom: 1px solid black; min-height: 20px;"></div>					If attorney, give name and relationship of your client to person whose record is required  <div style="display: flex; justify-content: space-between;"> <span>Name of Client</span> <span>Relationship</span> </div>					
Name <div style="border-bottom: 1px solid black; min-height: 20px;"></div>										
What is your relationship to person whose record is required?  <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____					<b>FOR REGISTRAR'S USE ONLY</b>  TYPE OF ID (Photocopy ID and attach to application form)  <input type="checkbox"/> Driver's License State _____ No. _____  <input type="checkbox"/> Other ID, specify _____  No. _____					
Telephone No. ( _____ ) _____ - _____										
Social Security No. _____ - _____ - _____										
Signature of Applicant <div style="border-bottom: 1px solid black; min-height: 20px;"></div>					<div style="display: flex; justify-content: space-between;"> <span>Date</span> <div style="font-size: small;"> <span><u>  </u> <u>  </u> <u>  </u></span> <span><u>  </u> <u>  </u> <u>  </u></span> <span><u>  </u> <u>  </u> <u>  </u></span> </div> </div>					
Address of Applicant <div style="border-bottom: 1px solid black; min-height: 20px;"></div>										
Street <div style="border-bottom: 1px solid black; min-height: 20px;"></div>										
City <div style="border-bottom: 1px solid black; min-height: 20px;"></div>		State <div style="border-bottom: 1px solid black; min-height: 20px;"></div>		Zip Code <div style="border-bottom: 1px solid black; min-height: 20px;"></div>						

### TYPES OF ACCEPTABLE IDENTIFICATION

- |                          |                                                            |
|--------------------------|------------------------------------------------------------|
| 1. Driver's license      | 5. Military ID                                             |
| 2. Non-driver's license  | 6. Employer's Photo ID                                     |
| 3. Passport              | 7. Two utility bills, showing applicant's name and address |
| 4. Naturalization Papers | 8. Police report of lost or stolen ID                      |

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED** DOH-296A (11/94)