

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Name</td> </tr> </table>	First	Middle	Last	Name			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Date of Birth</td> <td style="text-align: center;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table> </td> </tr> </table>	Date of Birth	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
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Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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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"/> Other (Specify) _____	<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
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APPLICANT INFORMATION

NAME <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: 8px;">FIRST</td> <td style="width: 33%; text-align: center; font-size: 8px;">MIDDLE</td> <td style="width: 33%; text-align: center; font-size: 8px;">LAST</td> </tr> </table> What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. (____) _____ Social Security No. _____	FIRST	MIDDLE	LAST	If attorney, give name and relationship of your client to person whose record is required <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; height: 30px;"></td> <td style="width: 50%; border: 1px solid black; height: 30px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">(name of client)</td> <td style="text-align: center; font-size: 8px;">(relationship)</td> </tr> </table>			(name of client)	(relationship)	
FIRST	MIDDLE	LAST							
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Signature of Applicant _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">MM</td> <td style="text-align: center; font-size: 8px;">DD</td> <td style="text-align: center; font-size: 8px;">YY</td> </tr> </table> </td> </tr> </table>	Date	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">MM</td> <td style="text-align: center; font-size: 8px;">DD</td> <td style="text-align: center; font-size: 8px;">YY</td> </tr> </table>				MM	DD	YY	<p style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</p> <p style="text-align: center; font-size: 8px; margin: 0;">(Photocopy ID and attach to application form)</p> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
Date									
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Address of Applicant Street _____ City _____ State _____ Zip Code _____									