## Application to Local Registrar for Copy of Birth Record

Place of Hospital (if not hospital, give street & number)   (Village, Town or City)   County			CERTIFICATE	INFORMATION
First Middle Last Maiden Name of Mother  First Middle Last Maiden Name of Mother  Number of Copies Requested Enter Birth No. if Known No. if Known  Pessport Working Papers Veltaran's Benefits School Entrance Veltaran's Benefits Court Proceeding Record is Required (Check One) Retirement Marriage License Entrance into Armed Forces  APPLICANT INFORMATION  NAME EISST MIDDLE LAST Veltaran's Papers Veltaran's Benefits Court Proceeding Retirement International Process Intrance into Armed Forces  APPLICANT INFORMATION  NAME HISST MIDDLE LAST Veltaran's Papers Veltaran's Portion of Your client to person whose record is required?  Self Parent Other, specify (name of client) (relationship)  Social Security No.   Papers Veltaran's Driver's License (name of client) (relationship)  FOR REGISTRAR'S USE ONLY Photocopy D and attach is applicated torm). TYPE OF ID Driver's License (No. MMM DD YY State No. Other ID, specify.		Middle	Last	
Number of Copies Requested   Enter Birth No.   if Known   No. if K	Place of			(Village, Town or City) County
Fassport   Working Papers   Welfare Assistance		Middle	Last	Maiden Name
Purpose for Which Record is Required (Check One)    Social Security-SI				
NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?  Self Parent Other, specify  Telephone No. (      )	Purpose for Which Record is Required (Check One)  Social Security-Retire Social Security-SSI Retirement Employment			tirement School Entrance Veteran's Benefits  Driver's License Court Proceeding  Marriage License Entrance into Armed
Telephone No. (	NAME  FIRST MIDDLE LAST  What is your relationship to person whose			If attorney, give name and relationship of your
Signature of Applicant  Date TYPE OF ID TYPE OF ID Driver's License State No.  Address of Applicant  Street  No.  No.  No.				(name of client) (relationship
Signature of Applicant  Date TYPE OF ID Driver's License  State No.  Address of Applicant  Street  No.  No	Social Security No.			
Street No	Signature of Applicant			TYPE OF ID Driver's License
No	Address of Applicant			Other ID, specify
City State Zip Code		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