

Application to Local Registrar For Copy of Birth Record

Name					Date of Birth										
First			Middle		Last			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Place of Birth					Village, Town or City					County					
Hospital (if not hospital, give street & number)															
Father's Name					Mother's Maiden Name										
First			Middle		Last			First		Middle		Last			
Number of Copies Requested				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"/> 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) _____											
Name					If attorney, give name and relationship of your client to person whose record is required										
First			Middle							Last					
What is your relationship to person whose record is required?					Name of Client _____ Relationship _____										
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____															
Telephone No. (_____) _____ - _____					FOR REGISTRAR'S USE ONLY 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. _____										
Social Security No. _____ - _____ - _____															
Signature of Applicant				Date											
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
Address of Applicant															
Street															
City		State		Zip Code											

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)