

## Application to Local Registrar For Copy of Birth Record

<b>Name</b>	First                      Middle                      Last	Date of Birth	<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"/>
<b>Pace of Birth</b>	Hospital (if not hospital, give street & number)	Village, Town or City	County
<b>Father's Name</b>	First                      Middle                      Last	<b>Mother's Maiden Name</b>	First                      Middle                      Last
Number of Copies Requested		Enter Birth No. if Known	Enter Local Registration No. if Known
<b>Purpose for which Record is Required (Check One)</b>	<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) _____		
<b>Name</b>	First                      Middle                      Last	If attorney, give name and relationship of your client to person whose record is required	
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. ( _____ ) _____ - _____			
Social Security No. _____ - _____ - _____			
Signature of Applicant		<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. _____	
Address of Applicant		<input type="checkbox"/> Other ID, specify _____	
Street		No. _____	
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)