## Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION		
First Middle  Name  Hospital (If not hospital, give st	Last	Date of Birth M M D D Y Y Y Y
Hospital (If not hospital, give street & number) Place of Birth		(Village, Town or City) County
First Middle Father	Last	Maiden Name First Middle Last of Mother
Number of Copies Requested	Enter Birth Nif Known	o. Enter Local Registration No. if Known
Passport		
APPLICANT INF  NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?  Self Parent Other, specify  Telephone No. ( )		IFORMATION  If attorney, give name and relationship of your client to person whose record is required
		(name of client) (relationship)
		TYPE OF ID  Oriver's License  State No
Address of Applicant		Other ID, specify
Street  City 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