

Application to Local Registrar For Copy of Birth Record

	First	Middle	Last	Date of Birth			
Name				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Hospital (if not hospital, give street & number)				Village, Town or City	County		
Pace of Birth							
	First	Middle	Last	Mother's Maiden Name	First	Middle	Last
Father's Name				Mother's Name			
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) _____						
	First	Middle	Last	If attorney, give name and relationship of your client to person whose record is required Name of Client _____ Relationship _____			
Name							
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. (_____) _____ - _____				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. _____			
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)