

Application to Local Registrar For Copy of Birth Record

Name	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"/>
Pace of Birth	Hospital (if not hospital, give street & number)	Village, Town or City	County
Father's Name	First Middle Last	Mother's Maiden Name	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	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 _____		
____ Self ____ Parent ____ Other, specify _____			
Telephone No. (_____) _____ - _____			
Social Security No. _____ - _____ - _____			
Signature of Applicant	Date	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. _____	
<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)