**Application to Local Registrar for Copy of Birth Record**

**Fee:** $10 per certified copy or No Record Certification

**Identification Requirements:** Application must be submitted with copies of either A or B.
- **A.** One (1) of the following forms of valid photo-ID:  
  - Driver license  
  - Non-driver photo-ID card  
  - Passport  
  - U.S. military issued photo-ID
- **B.** Two (2) of the following showing the applicants name and address:
  - Utility or telephone bills
  - Letter from a government agency dated within the last six (6) months

<table>
<thead>
<tr>
<th>Name: (as listed on birth certificate)</th>
<th>Date of Birth: (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>Local Registration No.:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maiden Name of Mother: (as listed on birth certificate)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>Father: (as listed on birth certificate)</td>
<td>Number of Copies Requested:</td>
</tr>
<tr>
<td>Purpose for which Record is Required: (Check one)</td>
<td></td>
</tr>
<tr>
<td>Passport</td>
<td>Social Security</td>
</tr>
<tr>
<td>Employment</td>
<td>Working Papers</td>
</tr>
<tr>
<td>Welfare assistance</td>
<td>Entrance into Armed Forces</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? (If self, state “SELF”.)

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant: Date Signed: Month Day Year

FOR REGISTRAR’S USE ONLY
(Photocopy ID and attach to application form)

Type of ID:
- [ ] Driver License
- [ ] Social Security
- [ ] Retirement
- [ ] Employment
- [ ] Working Papers
- [ ] School Entrance
- [ ] Marriage License
- [ ] Driver License
- [ ] Veteran’s benefits
- [ ] Court proceeding
- [ ] Entrance into Armed Forces
- [ ] Other ID, Specify

Address of Applicant:

(For registrars use only)

Type: Number: Issuing state: Expiration Date: Number: Type: Number: Type:

Telephone No.: ( ) .