

APPLICATION TO REGISTRAR FOR COPY OF

BIRTH RECORD

CERTIFICATE INFORMATION:

NAME:			
First	Middle	Last	
DATE OF BIRTH:/_	/ PL	ACE OF BIRTH	Hospital (if not, street name and number)
MAIDEN NAME OF MOTHEI	R:		
	First	Middle	Last
FATHER:			
	First	Middle	Last
PURPOSE FOR WHICH	IS REQUIRED:		
Passport	Working Pa	apers	Welfare Assistance
Social Security Retirement	School Enti	rance	Veteran's Benefits
Social Security SSI	Driver's Lic	ense	Court Proceeding
Retirement	Marriage L	icense	Employment
Other: (Specify)			
APPLICANT INFO:			
NAME:			SS#//
TELEPHONE NO:			DATE://
RELATIONSHIP:	self	parentot	ther (specify)
SIGNATURE:			-
ADDRESS:			-
-			-
EMAIL:			-

Please note that this application must be filled out in its entirety and submitted with valid photo identification. Applications submitted by mail are payable with a money order only. Please note that birth certificates are not public record and are available only to the individual or a parent listed on the record. Should the name on your birth record differ from that on your identification please provide a copy of the legal documentation, i.e. your marriage license, so that we may verify your identity accordingly.