Application to Local Registrar For Copy of Birth Record

First Middle Last Name	Date of Birth
Hospital (if not hospital, give street & number) Pace of Birth	Village, Town or City County
First Middle Last Father's Name	Mother's First Middle Last Maiden Name
Number of Copies Requested Enter Birth No. if	Known Enter Local Registration No. if Known
Passport Social Security-Retires Social Security SSI Record is Required (Check One) Respond Social Security SSI Retirement Employment	ment
Other (specify)	
First Middle Last Name What is your relationship to person whose record is	If attorney, give name and relationship of your client to person whose record is required
required? Self Parent Other, specify	Name of Client Relationship
Telephone No. () Social Security No	FOR REGISTRAR'S USE ONLY
Signature of Applicant Date M M D D	TYPE OF ID (Photocopy ID and attach to application form) Driver's License State No.
Address of Applicant Street	Other ID, specify

TYPES OF ACCEPTABLE IDENTIFICATION

- 1. Driver's license 5. Military ID

- Non-driver's license
 Passport
 Employer's Photo ID
 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)