FEE: $10.00 per copy or No Record Certification

APPLICATION TO REGISTRAR FOR COPY OF

BIRTH RECORD

CERTIFICATE INFORMATION:

NAME: _____
First Middle Last

DATE OF BIRTH: _____/_____/_____ PLACE OF BIRTH _____
Hospital (if not, street name and number)

FATHER: _____
First Middle Last

MAIDEN NAME OF MOTHER: _____
First Middle Last

PURPOSE FOR WHICH IS REQUIRED:

_____	Passport	____	Working Papers	____	Welfare Assistance
____	Social Security - Retirement	____	School Entrance	____	Veteran's Benefits
____	Social Security - SSI	____	Driver's License	____	Court Proceeding
____	Retirement	____	Marriage License	____	Employment

____ Other: (Specify) _____

APPLICANT INFO:

NAME: _____ SS#_____/_____/_____

TELEPHONE NO: _____ DATE: _____/_____/_____

RELATIONSHIP: ____self ____parent _____other (specify) _____

SIGNATURE: _____

ADDRESS: _____

_____

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.