

Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification																					
<p>Identification Requirements: Application <i>must</i> be submitted with copies of either A or B. (Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)</p> <p>A. One (1) of the following forms of valid photo-ID: -OR- B. Two (2) of the following showing the applicant's name and address:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. military issued photo-ID </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months </td> </tr> </table>		<ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. military issued photo-ID 	<ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months 																		
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Name: <i>(as listed on birth certificate)</i>																					
<i>First</i>	<i>Middle</i>																				
Date of Birth: <i>(mm / dd / yyyy)</i>																					
Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>																				
Maiden Name of Mother: <i>(as listed on birth certificate)</i>																					
<i>First</i>	<i>Middle</i>																				
Local Registration No.: <i>(If known)</i>																					
Father: <i>(as listed on birth certificate)</i>																					
<i>First</i>	<i>Middle</i>																				
Number of Copies Requested:																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Purpose for which Record is Required: <i>(Check one)</i></td> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Driver license</td> <td><input type="checkbox"/> Veteran's benefits</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Marriage license</td> <td><input type="checkbox"/> Court proceeding</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> School entrance</td> <td><input type="checkbox"/> Welfare assistance</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td></td> <td colspan="4"><input type="checkbox"/> Other <i>(specify)</i> _____</td> </tr> </table>		Purpose for which Record is Required: <i>(Check one)</i>	<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver license	<input type="checkbox"/> Veteran's benefits		<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding		<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces		<input type="checkbox"/> Other <i>(specify)</i> _____			
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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? <i>(If self, state "SELF".)</i>	If attorney, give name and relationship of your client to person whose record is required:																				
Signature of Applicant:	<table border="1" style="border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">Date Signed:</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Date Signed:			Month	Day	Year														
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Month	Day	Year																			
Address of Applicant:	FOR REGISTRAR'S USE ONLY <i>(Photocopy ID and attach to application form)</i>																				
	Type of ID:																				
	<input type="checkbox"/> Driver License																				
	Issuing state: _____																				
	Expiration date: _____																				
	Number: _____																				
	<input type="checkbox"/> Other ID, Specify																				
	Number: _____																				
	Type: _____																				
	Number: _____																				
	Type: _____																				
Telephone No.: () _____																					