

**Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification**

**Identification Requirements:** Application *must* 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.)

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:

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: <i>(as listed on birth certificate)</i>			Date of Birth:
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>
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Maiden Name of Mother: <i>(as listed on birth certificate)</i>	Local Registration No.: <i>(If known)</i>
<i>First</i> <i>Middle</i> <i>Maiden Last</i>	

Father: <i>(as listed on birth certificate)</i>	Number of Copies Requested:
<i>First</i> <i>Middle</i> <i>Last</i>	

Purpose for which Record is Required: <i>(Check one)</i> <input type="checkbox"/> Other <i>(specify)</i> _____	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employment <input type="checkbox"/> Working Papers <input type="checkbox"/> School entrance	<input type="checkbox"/> Driver license <input type="checkbox"/> Marriage license <input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Veteran's benefits <input type="checkbox"/> Court proceeding <input type="checkbox"/> Entrance into Armed Forces
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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:
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Signature of Applicant: _____  Address of Applicant: _____ <small><i>(Applicant's Name)</i></small>  _____ <small><i>(Street)</i></small>  _____ <small><i>(City)</i></small> <small><i>(State)</i></small> <small><i>(Zip)</i></small>  Telephone No.: (      ) _____	Date Signed: Month      Day      Year <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p style="text-align: center;"><small>(Photocopy ID and attach to application form)</small></p> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
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