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|---|--|--|---|---|--|-------------------------------------|---|---|--|--|---|---|---|--|-------------------------------------|--|---|---|--|---|--|--|--|
| 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.) 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%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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%; border: none;"> <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> | | 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> | | | | | | | | | | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width: 20%;">Purpose for which Record is Required: <i>(Check one)</i></td> <td style="width: 15%;"><input type="checkbox"/> Passport</td> <td style="width: 15%;"><input type="checkbox"/> Employment</td> <td style="width: 15%;"><input type="checkbox"/> Driver license</td> <td style="width: 35%;"><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="3"><input type="checkbox"/> Other <i>(specify)</i> _____</td> <td></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> _____ | | | |
| 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> _____ | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | Date Signed: | | | | | | | | | | | | | | | | | | | | | |
| | | 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.: () _____ | | | | | | | | | | | | | | | | | | | | | | | |