

Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification			
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: • 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> <i>First</i><i>Middle</i><i>Last</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><i>Maiden Last</i>			Local Registration No.: <i>(If known)</i>
Father: <i>(as listed on birth certificate)</i> <i>First</i><i>Middle</i><i>Last</i>			Number of Copies Requested:
Purpose for which Record is Required: <i>(Check one)</i> ☐ Passport ☐ Social Security ☐ Retirement ☐ Other <i>(specify)</i> _____ ☐ Employment ☐ Working Papers ☐ School entrance ☐ Driver license ☐ Marriage license ☐ Welfare assistance ☐ Veteran's benefits ☐ Court proceeding ☐ Entrance into Armed Forces			
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: MonthDayYear	
		FOR REGISTRAR'S USE ONLY <i>(Photocopy ID and attach to application form)</i> Type of ID: ☐ Driver License Issuing state: _____ Expiration date: _____ Number: _____ ☐ Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____	
Address of Applicant: <i>(Applicant's Name)</i> <i>(Street)</i> <i>(City)</i><i>(State)</i><i>(Zip)</i> Telephone No.: () _____			