

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:
First	Middle	Last	<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>
First Middle Maiden Last	

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

Purpose for which Record is Required: *(Check one)*

<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: _____ Address of Applicant: _____ <i>(Applicant's Name)</i> _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> Telephone No.: (____) _____	Date Signed: Month Day Year _____	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY</p> <p style="text-align: center;"><i>(Photocopy ID and attach to application form)</i></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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