

<b>Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification</b>																			
<p><b>Identification Requirements:</b> 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 <b>photo-ID</b>: <b>-OR-</b> 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"> <li>• Driver license</li> <li>• Non-driver photo-ID card</li> <li>• Passport</li> <li>• U.S. military issued photo-ID</li> </ul> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>• Utility or telephone bills</li> <li>• Letter from a government agency dated within the last six (6) months</li> </ul> </td> </tr> </table>				<ul style="list-style-type: none"> <li>• Driver license</li> <li>• Non-driver photo-ID card</li> <li>• Passport</li> <li>• U.S. military issued photo-ID</li> </ul>	<ul style="list-style-type: none"> <li>• Utility or telephone bills</li> <li>• Letter from a government agency dated within the last six (6) months</li> </ul>														
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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>																	
Purpose for which Record is Required: <i>(Check one)</i> <table style="width:100%; border: none;"> <tr> <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><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><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 colspan="4"><input type="checkbox"/> Other <i>(specify)</i> _____</td> </tr> </table>				<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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<b>If request is not from child/parents named on the requested certificate, notarized authorization is required.</b>																			
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:		<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)																	
				Type of ID:															
<i>(Applicant's Name)</i>		<input type="checkbox"/> Driver License																	
<i>(Street)</i>		Issuing state: _____																	
<i>(City)</i>		Expiration date: _____																	
<i>(State)</i>		Number: _____																	
<i>(Zip)</i>		<input type="checkbox"/> Other ID, Specify																	
Telephone No.: (      )		Number: _____																	
		Type: _____																	