

Fee: \$10 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 applicants 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:
<div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Middle</i> <i>Last</i> </div>	<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.:
<div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Middle</i> <i>Maiden Last</i> </div>	

Father: <i>(as listed on birth certificate)</i>	Number of Copies Requested:
<div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Middle</i> <i>Last</i> </div>	

Purpose for which Record is Required: (Check one)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Other <i>(specify)</i> _____	<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? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:
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Signature of Applicant:	Date Signed:	FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small>					
➤	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>		Month	Day	Year		
Month	Day	Year					

Address of Applicant:	Type of ID:
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <small><i>(Applicant's Name)</i></small> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <small><i>(Street)</i></small> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <small><i>(City)</i> <i>(State)</i> <i>(Zip)</i> </small>	<input type="checkbox"/> Driver License Issuing state: _____ Expiration Date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
Telephone No.: (_____) _____.	