



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:
<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>	<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
---	-----------------------------------	--	-------------------------------------	---	-------------------------------------	---	--	---	---	---	---	---	---

**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:
<i>(Applicant's Name)</i> _____
<i>(Street)</i> _____
<i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____
Telephone No.: (    ) _____

**FOR REGISTRAR'S USE ONLY**  
*(Photocopy ID and attach to application form)*

Type of ID: \_\_\_\_\_

Driver License

Issuing state: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Number: \_\_\_\_\_

Other ID, Specify \_\_\_\_\_

Number: \_\_\_\_\_

Type: \_\_\_\_\_

Number: \_\_\_\_\_

Type: \_\_\_\_\_