

<b>Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification</b>		
<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: • 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: (as listed on birth certificate)  <i>First</i> <i>Middle</i> <i>Last</i>		Date of Birth:  (mm / dd / yyyy)
Town, city or village where birth occurred:	Name of hospital where birth occurred: (If known)	
Maiden Name of Mother: (as listed on birth certificate)  <i>First</i> <i>Middle</i> <i>Maiden Last</i>	Local Registration No.: (If known)	
Father: (as listed on birth certificate)  <i>First</i> <i>Middle</i> <i>Last</i>	Number of Copies Requested:	
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 (specify) _____		
<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? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:	
Signature of Applicant:	Date Signed: Month Day Year [ ] [ ] [ ]	<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)
Address of Applicant:  <i>(Applicant's Name)</i>  <i>(Street)</i>  <i>(City)</i> <i>(State)</i> <i>(Zip)</i>  Telephone No.: ( )	Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____	