			CERTIFICATE	INFORMA	TION	
Name	First Middle Last			Date of Birth		
Hospital (If not hospital, give street & number) Place of Birth				(Village, Town or City) County		
Father	First	Middle	Last	Maiden Na of Mother	ime First Midd	lle Last
Number of Copies Requested Enter Birth No if Known				0.	Enter Local Registration No. if Known	
Purpose for Which       Social Security-Retire         Purpose for Which       Social Security-SSI         Record is Required       Retirement         (Check One)       Employment         Other (Specify)				Working Papers       Welfare Assistance         rement       School Entrance       Veteran's Benefits         Driver's License       Court Proceeding         Marriage License       Entrance into Armed Forces		
APPLICANT IN NAME FIRST MIDDLE LAST What is your relationship to person whose record is required?				FORMATION If attorney, give name and relationship of your client to person whose record is required		
Self       Parent       Other, specify         Telephone No.       (       )       -         Social Security No.       -       -       -				(name of client) (relationship)		
Signature of Applicant Date MM DD YY				FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID Driver's License State No		
Address of Applicant				Other ID, specify		
City State Zip Code					No	

## TYPES OF ACCEPTABLE IDENTIFICATION

- 1. Driver's license
- 2. Non-driver's license
- 3. Passport
- 4. Naturalization Papers
- 5. Military ID
- 6. Employer's Photo ID
- 7. Two utility bills, showing applicant's name and address
- 8. Police report of lost or stolen ID

## DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED