

Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification																							
<p>Identification Requirements: 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.)</p> <p>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:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. military issued photo-ID </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months </td> </tr> </table>				<ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. military issued photo-ID 	<ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months 																		
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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>																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Purpose for which Record is Required: <i>(Check one)</i></td> <td style="width: 20%;"><input type="checkbox"/> Passport</td> <td style="width: 20%;"><input type="checkbox"/> Employment</td> <td style="width: 20%;"><input type="checkbox"/> Driver license</td> <td style="width: 20%;"><input type="checkbox"/> Veteran's benefits</td> </tr> <tr> <td></td> <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></td> <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></td> <td colspan="3"><input type="checkbox"/> Other <i>(specify)</i> _____</td> <td></td> </tr> </table>				Purpose for which Record is Required: <i>(Check one)</i>	<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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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:																					
Signature of Applicant:		Date Signed: Month Day Year																					
Address of Applicant:		FOR REGISTRAR'S USE ONLY <i>(Photocopy ID and attach to application form)</i>																					
<i>(Applicant's Name)</i> _____		Type of ID:																					
<i>(Street)</i> _____		<input type="checkbox"/> Driver License																					
<i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____		Issuing state: _____																					
Telephone No.: () _____		Expiration date: _____																					
		Number: _____																					
		<input type="checkbox"/> Other ID, Specify																					
		Number: _____																					
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