

**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: (as listed on birth certificate) Date of Birth:

*First* *Middle* *Last* *(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) Local Registration No.: (If known)

*First* *Middle* *Maiden Last*

Father: (as listed on birth certificate) Number of Copies Requested:

*First* *Middle* *Last*

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) _____			

**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 client to person whose record is required:

Signature of Applicant:  Address of Applicant:  _____ ( <i>Applicant's Name</i> )  _____ ( <i>Street</i> )  _____ ( <i>City</i> ) <span style="margin-left: 100px;"><i>(State)</i></span> <span style="margin-left: 100px;"><i>(Zip)</i></span>  Telephone No.: (     ) _____	Date Signed: Month    Day    Year _____	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY .</b> (Photocopy ID and attach to application form)</p> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify _____ Number: _____ Type: _____ Number: _____ Type: _____
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