

## Application to Local Registrar For Copy of Birth Record

| CERTIFICATE INFORMATION   |  |   |  |                                       |  |
|---|--|---|--|---------------------------------------|--|
| First                      Middle                      Last   |  |   | Date of Birth  |                                       |  |
| Name  |  |   | <input type="text"/>   |                                       |  |
| Place of Birth<br><small>Hospital (if not hospital, give street &amp; number)</small>                       |  |   | Village, Town or City  |                                       | County   |
| First                      Middle                      Last   |  |   | Mother's                      First                      Middle                      Last  |                                       |  |
| Father's Name   |  |   | Maiden Name  |                                       |  |
| Number of Copies Requested  |  | Enter Birth No. if Known  |  | Enter Local Registration No. if Known |  |
| Purpose for which Record is Required (Check One)  | <input type="checkbox"/> Passport<br><input type="checkbox"/> Social Security-Retirement<br><input type="checkbox"/> Social Security SSI<br><input type="checkbox"/> Retirement<br><input type="checkbox"/> Employment |   | <input type="checkbox"/> Working Papers<br><input type="checkbox"/> School Entrance<br><input type="checkbox"/> Driver's License<br><input type="checkbox"/> Marriage License  |                                       | <input type="checkbox"/> Welfare Assistance<br><input type="checkbox"/> Veteran's Benefits<br><input type="checkbox"/> Court Proceeding<br><input type="checkbox"/> Entrance into Armed Forces |
|   | <input type="checkbox"/> Other (specify) _____   |   |  |                                       |  |
| APPLICANT INFORMATION   |  |   |  |                                       |  |
| First                      Middle                      Last   |  |   | If attorney, give name and relationship of your client to person whose record is required  |                                       |  |
| Name  |  |   |  |                                       |  |
| What is your relationship to person whose record is required?   |  |   | Name of Client _____ Relationship _____  |                                       |  |
| <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ |  |   |  |                                       |  |
| Telephone No. ( _____ ) _____ - _____   |  |   | <p style="text-align: center; margin: 0;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p>TYPE OF ID    (Photocopy ID and attach to application form)</p> <p><input type="checkbox"/> Driver's License<br/>State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p>No. _____</p> |                                       |  |
| Social Security No. _____ - _____ - _____   |  |   |  |                                       |  |
| Signature of Applicant  |  | Date  |  |                                       |  |
|   |  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |                                       |  |
| Address of Applicant  |  |   |  |                                       |  |
| Street  |  |   |  |                                       |  |
| City  | State  | Zip Code  |  |                                       |  |

**TYPES OF ACCEPTABLE IDENTIFICATION**

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

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**    DOH-296A (11/94)

There is a \$10 fee (cash/check made payable to Village of Bronxville) per certified copy