

Application to Local Registrar For Copy of Birth Record

Name				Date of Birth											
First	Middle	Last		M	M	D	D	Y	Y	Y	Y				
Name				Date of Birth											
Place of Birth				Village, Town or City				County							
Hospital (if not hospital, give street & number)				Village, Town or City				County							
Father's Name				Mother's Maiden Name											
First	Middle	Last		First	Middle	Last									
Father's Name				Mother's Maiden Name											
Number of Copies Requested				Enter Birth No. if Known				Enter Local Registration No. if Known							
\$10.00 per copy Purpose for which Record is Required (Check One)				<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment				<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License				<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces			
				<input type="checkbox"/> Other (specify) _____											
Name				If attorney, give name and relationship of your client to person whose record is required											
First	Middle	Last		If attorney, give name and relationship of your client to person whose record is required											
Name				Name of Client _____ Relationship _____											
What is your relationship to person whose record is required?				FOR REGISTRAR'S USE ONLY TYPE OF ID (Photocopy ID and attach to application form) <input type="checkbox"/> Drivers License State _____ No. _____ <input type="checkbox"/> Other ID specify _____ No. _____											
___ Self ___ Parent ___ Other, specify _____															
Telephone No. (_____) _____ - _____															
Social Security No. _____ - _____ - _____															
Signature of Applicant				Date											
				M M D D Y Y											
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)

Make checks payable to: TOWN OF PORTER