

**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: <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>
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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>	

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> _____			

**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? <i>(If self, state "SELF".)</i>	If attorney, give name and relationship of your client to person whose record is required:
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Signature of Applicant:  Address of Applicant:  _____ <i>(Applicant's Name)</i>  _____ <i>(Street)</i>  _____ <i>(City)</i> <i>(State)</i> <i>(Zip)</i>  Telephone No.: (      ) _____	Date Signed: Month    Day    Year _____ _____ _____	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b> <i>(Photocopy ID and attach to application form)</i></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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## **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**