

APPLICATION FOR SEARCH OF BIRTH RECORD FILES

(FURNISH ALL POSSIBLE INFORMATION — USE TYPEWRITER OR PRINT PLAINLY)

FULL NAME:		FIRST	MIDDLE	LAST
PLACE OF BIRTH:		STREET RFD OR HOSPITAL		CITY OR TOWNSHIP
DATE BIRTH:		MONTH	DAY	YEAR
SEX:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>
FATHER:		NAME		BIRTH CERTIFICATE NUMBER IF KNOWN:
		MAIDEN NAME		PARENTS ADDRESS AT TIME OF THIS BIRTH
MOTHER:		FULL NAME		MARRIED NAME
ATTENDANT AT BIRTH: (If known)		FULL NAME		ADDRESS

NOTE: There is no charge for a certification when required by the Veterans' Administration. Evidence of the V.A.'s requirement of this record must accompany the application.

Birth certificates are confidential records, and copies can be issued only to persons entitled to receive them. The application must indicate the requestor's relationship to the person and the intended use of the certification.

FURNISH ME _____ CERTIFICATION (SHORT FORM)(see explanation on reverse side of this form) FURNISH ME _____ CERTIFIED COPIES (COMPLETE FORM)	AMOUNT ENCLOSED: \$ _____ <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CERTIFIED CHECK
APPLICATION MADE BY: NAME: (Signature)	MAIL COPY TO (IF OTHER THAN APPLICANT) NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:
YOUR RELATIONSHIP TO PERSON:	INTENDED USE OF CERTIFICATION: