

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.
Payable to the Town of Boonville

PLEASE PRINT OR TYPE

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3">Name</td> </tr> </table>	First	Middle	Last	Name			Date of Birth or Period to be Covered by Search										
First	Middle	Last															
Name																	
Place of Birth	Hospital (If not hospital, give street & number) (Village, town or city)																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3">Father</td> </tr> </table>	First	Middle	Last	Father			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3">Maiden Name of Mother</td> </tr> </table>	First	Middle	Last	Maiden Name of Mother						
First	Middle	Last															
Father																	
First	Middle	Last															
Maiden Name of Mother																	
Number of Copies Desired	Enter Birth No. if Known	Enter Local Registration No. if known															
Purpose for Which Record is Required Check One <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance Into Armed Forces</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>			<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance Into Armed Forces	<input type="checkbox"/> Other (specify) _____		
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What is your relationship to person whose record is required? If self, state "self" _____ _____	If attorney, name and relationship of your client to person whose record is required _____ _____																
This office requires written authorization of the person/parents whose record is requested before a search is processed.																	
Signature of Applicant	Date																
Address of Applicant	Please print name and address where record should be sent.																