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-  Driver license	Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification			
Non-driver photo-ID card Passport Employment ID  Name: (as listed on birth certificate)  First Middle Last (If known)  Maiden Name of Mother: (as listed on birth certificate)  Maiden Name of Mother: (as listed on birth certificate)  Maiden Name of Mother: (as listed on birth certificate)  Maiden Name of Mother: (as listed on birth certificate)  Maiden Name of Mother: (as listed on birth certificate)  Maiden Name of Mother: (as listed on birth certificate)  Maiden Name of Mother: (as listed on birth certificate)  Maiden Name of Mother: (as listed on birth certificate)  Purpose for which Record is Required: Social Security Working Papers Check one)  Other (specify)  If request is not from child/parents named on the requested certificate, notarized authorization is required.  What is your relationship to person whose ecord is required? (If self, state "SELF")  For REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)  Type of ID: Driver License  Issuing state: Expiration date:  Number: Type: Type: Type: Type:  Number: Type:	Identification Requirements: Application must be sub (Note: Copy of Passport required if request is made from A. One (1) of the following forms of valid photo-ID: -O	omitted with copies of either A <i>or</i> B.  a foreign country that requires a U.S. P <b>R-</b> B. Two (2) of the following show	assport for travel )	
Name: (as listed on birth certificate)  First  Middle  Last  (mm / dd / yyyy)  Town, city or village where birth occurred:  Name of hospital where birth occurred: (if known)  Maiden Name of Mother: (as listed on birth certificate)  Local Registration No.: (if known)  Middle  Last  Purpose for which Passport Requested:  Purpose for which Record is Required:  Other (specify)  If request is not from child/parents named on the requested certificate, notarized authorization is required.  What is your relationship to person whose coord is required? (if self, state "SELF")  Signature of Applicant:  Applicants:  Date Signes:  Applicants:  Date Signes:  Applicants:  Date Signes:  Expiration date:  Number:  Type:  Type:  Number:  Type:  Number:  Type:  Number:  Type:  Number:  Type:  Type:  Number:  Type:  Type:  Number:  Type:  Type:  Type:  Number:  Type:  Type:  Type:  Number:  Type:  Type:  Number:  Type:  Type:  Number:  Type:  Type:  Number:  Type:	<ul><li>Non-driver photo-ID card</li><li>Passport</li><li>Employment ID</li></ul>	<ul> <li>Letter from a government</li> </ul>	agency dated within the	
Town, city or village where birth occurred:    Name of hospital where birth occurred: (If known)	Name: (as listed on birth certificate)		Date of Birth:	
Maiden Name of Mother: (as listed on birth certificate)  First Middle Maiden Last  Purpose for which Required: Social Security Working Papers Atternance in Check one)  If request is not from child/parents named on the requested certificate, notarized authorization is required. What is your relationship to person whose ecord is required? (If self, state "SELF")  FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to applicant:    Colipy (State)	madic			
First Middle Last  Purpose for which Passport Social Security Working Papers Marriage license Court proceeding Entrance into Armed Forces  If request is not from child/parents named on the requested certificate, notarized authorization is required. What is your relationship to person whose ecord is required? (If self, state "SELF".)    Dato Signet:	Town, city or village where birth occurred:  Name	of hospital where birth occurred: (If know	vn)	
Father: (as listed on birth certificate)    Number of Copies Requested:	Maiden Name of Mother: (as listed on birth certificate)			
Purpose for which Record is Required:	Titlidalo	Maiden Last		
Purpose for which Record is Required: Social Security Working Papers Marriage license Court proceeding Marriage license Intrance into Armed Forces Intrance Intranc	raulei. (as listed on birth certificate)			
Record is Required:   Social Security   Working Papers   Marriage license   Court proceeding   Retirement   School entrance   Welfare assistance   Entrance into   Armed Forces   If request is not from child/parents named on the requested certificate, notarized authorization is required.   Mhat is your relationship to person whose ecord is required? (If self, state "SELF".)   If attorney, give name and relationship of your client to person whose record is required:    Signature of Applicant:   Date Signed:   Month   Day   Year   Year   Protectory ID and attach to application form)   Driver License   Issuing state:   Expiration date:   Mumber:   Other ID, Specify   Number:   Type:   Type	Time de la companya della companya della companya della companya de la companya della companya d			
What is your relationship to person whose ecord is required? (If self, state "SELF".)    Date Signed:	Record is Required: Social Security Working (Check one) Retirement School	g Papers Marriage license	Veteran's benefits Court proceeding Entrance into Armed Forces	
What is your relationship to person whose ecord is required? (If self, state "SELF".)    Date Signed:	If request is not from child/parents named on the	requested certificate notarized author	orization is required	
Month   Day   Year   Por REGISTRAR'S USE ONLY   (Photocopy ID and attach to application form)   Type of ID:   Driver License   Issuing state:   Expiration date:   Mumber:   Other ID, Specify   Number:   Type:	What is your relationship to person whose record is required? (If self, state "SELF".)	me and relationship of your client to person v	/hose record is required:	
Issuing state:  Expiration date:  Number:  Other ID, Specify  Number:  Type:  Type:  Type:  Type:	Signature of Applicant:  Month Day Year	Type of ID: (Photocopy ID and attach to application form)		
Expiration date:	>			
Number:  Other ID, Specify  Number:  Type:  Number:  Type:  Number:  Type:  Type:  Type:	Address of Applicant:			
Number:   Type:   Number:   Type:    Type:	(Applicant's Name)	Number:		
City) (State) (Zip) Number: Type:	(Street)	Number:		
Type:				
	OH-296A (06/2005)	Type:		