## Town of Phillips Request for Birth Certificate

Name	on birth record:	2			2
	f Birth:				
	nany copies?				
	s Names (with mother's maiden):				
Applic	ant Name:				
Applie	ant Address:				
Indicat	e your relationship to the person whose record y				
mulcat	Self	ou nave i	requ		
				Guardian	
	□ Spouse			Descendant	
	Registered Domestic Partner			Attorney of person on r	record
	Parent			Genealogist ID #	
By my.	signature below, I swear/affirm that the informa	tion abov	e is	true and correct.	
	ant Signature:				
		,			
Today'	s Date:				
	\$15 for 1 <sup>st</sup> copy, \$6 for e	each addi	tiona	al copy	
la .					
	Below line is for Cl	lerk's use o	only		
Proof of	identity of applicant:				
	Applicant must provi Driver's License		17		
0	Passport		Gov	ernment issued picture I.D.	
	OR two of	those			
	Utility bills		Soc	ial Security Card	
	Bank statements			214	
	Vehicle registration			pital; birth worksheet	
٦	Income tax return			ense/rental agreement	
	Personal Check w/ address			stub	
	A previously issued vital record			,	
	A previously issued vital record		W-2	÷	
	Letter from government agency requesting record			er Registration card	
		8	Vot		
	Letter from government agency requesting record	0	Vot Disa	er Registration card	
	Letter from government agency requesting record (DHHS, WIC)		Vot Disa Oth	er Registration card ability award from SSA er	
	Letter from government agency requesting record (DHHS, WIC) Department of Corrections I.D. card		Vot Disa Oth	er Registration card ability award from SSA er	
	Letter from government agency requesting record (DHHS, WIC) Department of Corrections I.D. card Establishing eligibility	to acquire	Vot Disa Oth	er Registration card ability award from SSA er r <b>d:</b>	
	Letter from government agency requesting record (DHHS, WIC) Department of Corrections I.D. card <b>Establishing eligibility</b> Related applicants must provide proof of lineage.	to acquire	Vot Disa Oth	er Registration card ability award from SSA er r <b>d:</b>	
	Letter from government agency requesting record (DHHS, WIC) Department of Corrections I.D. card <b>Establishing eligibility</b> Related applicants must provide proof of lineage. Domestic Partners must provide proof of registration of de	to acquire	Vot Disa Oth	er Registration card ability award from SSA er r <b>d:</b>	

Clerk's Initial