Purpose for which Record is Required: Social Security Retirement Social Security Retirement Other (specify) Other (specify) For requested certificate, notarized authorization is required. Social Security Retirement Retirement Social Security Retirement Social Security Retirement Retirement Social Security Retirement Retiremen	Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification		
- Driver license - Non-driver photo-ID card - Passport - U.S. military issued photo-ID - Name: (as listed on birth certificate) Name: (as listed on birth certificate) First	(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		
Name: (as listed on birth certificate) Pass Middle	• Driver license • Non-driver photo-ID card • Passport • Utility or telephone bills • Letter from a government 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)		
Town, city or village where birth occurred: Name of hospital where birth occurred: (if known)	First Mid	dle (mm (dd (man))	
First Middle Last Purpose for which Record is Required: Social Security Retirement 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 record is required? (If self, state "SELF".) Signature of Applicant: Date Signed: Month Dev Year Month Driver License School entrance Other (specify) Date Signed: Month Dev Year Month Dev Year Month Dev Year (Photocopy ID and stach to application form)		(
First Middle Last Purpose for which Record is Required: Social Security Retirement 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 record is required? (If self, state "SELF".) Signature of Applicant: Date Signed: Month Dev Year Month Driver License School entrance Other (specify) Date Signed: Month Dev Year Month Dev Year Month Dev Year (Photocopy ID and stach to application form)			
First Middle Maiden Last Father: (as listed on birth certificate) First Middle Last Purpose for which Record is Required: Social Security Retirement Social Security Retirement Social Security Retirement Social Security Retirement Retiremen	Maiden Name of Mother: (as listed on birth certificate)		
Father: (as listed on birth certificate) First Middle Last		(If Known)	
Father: (as listed on birth certificate) First Middle Last	First		
Purpose for which Record is Required: Passport Record is Required: Social Security Retirement So	Father: (as listed on birth certificate)		
Purpose for which Record is Required: Social Security (Check one) Retirement Social Security (Retirement Social Security (Photosopy ID and attach to application form) Signature of Applicant: Date Signed: Morris Date Signed: Date Signed: Morris Date Signed: Date Si	· · · · · · · · · · · · · · · · · · ·		
Purpose for which Record is Required: Social Security (Check one) Retirement Social Security (Retirement Social Security (Photosopy ID and attach to application form) Signature of Applicant: Date Signed: Morris Date Signed: Date Signed: Morris Date Signed: Date Si			
Record is Required: Social Security Retirement School entrance Welfare assistance 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 record 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 Photocopy ID and attach to application form) Type of ID: Driver License Address of Applicant: Expiration date: Expiration date: Other ID, Specify Number: Type:	First Middle Last		
What is your relationship to person whose record is required? (If self, state "SELF".) Signature of Applicant: Date Signed: Month Day Year (Photocopy ID and attach to application form) Type of ID: Driver License Address of Applicant: [Applicant's Name] (Sizeet) Number: Type: Number: Type: Number:	Record is Required: Social Security Working Papers Marriage license Court proceeding (Check one) School entrance Welfare assistance		
What is your relationship to person whose record is required? (If self, state "SELF".) Signature of Applicant: Date Signed: Month Day Year (Photocopy ID and attach to application form) Type of ID: Driver License Address of Applicant: [Applicant's Name] (Sizeet) Number: Type: Number: Type: Number:	If request is not from shild/parents named on the requested configurate materiaed outle direction is assured.		
Signature of Applicant: Month Day Year (Photocopy ID and attach to application form)	What is your relationship to person whose If attorney, give name and relationship of your client to person whose record is required:		
Type of ID: □ Driver License Saving state:	Signature of Applicant: Date Signed: Month Day		
Address of Applicant: Ssuing state: Expiration date:		(Photocopy ID and attach to application form) Type of ID:	
Expiration date:		Driver License	
Expiration date:		Issuing state:	
(Applicant's Name) Number: (Street) Other ID, Specify Number: Type: (City) (State) Number: Type: Number: Number:	Address of Applicant.		
(Street) (Street) Number: Type: (City) (State) (Zip) Number:			
(Street) Number: Type: Number:	(Applicant's Name)		
(City) (State) Number:		Other ID. Specify	
(City) (State) (Zip) Number:	(Street)	Number:	
(City) (State) (Zip) Number:		Type:	
Post Enthal Tolland Annual Control of the Control o			
Telephone No.: ()	Telephone No.: ()		

DOH-296A (06/2005)

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