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PRINT INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

first _____ *middle* _____ *last* _____

FULL NAME AT BIRTH

month _____ *day* _____ *year* _____

DATE OF BIRTH

city, village or county _____

PLACE OF BIRTH

FULL NAME OF FATHER (*if on certificate*)

MOTHER'S FULL MAIDEN NAME

NAME AND ADDRESS OF PERSON MAKING REQUEST

SIGNATURE OF PERSON MAKING REQUEST

DATE

*****DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)*****

DATE ISSUED

REGISTER NO.

RECEIPT NO.

SECURITY PAPER #
FO46