

MONTHLY SUMMARY REPORT AND SUPPLY ORDER FORM

| | | |
|--|----------------|-------------------|
| Local Registrar Name and Mailing Address (Street or Box Number, City, State, Zip Code) | Month of _____ | Year of 20____ |
| | County _____ | |

CERTIFICATES SUBMITTED

BASED ON MONTH OF TRANSMITTAL - DO NOT USE REGISTRAR'S DATE FILED/SIGNED

| | BEGINNING LOCAL REG. NO. | ENDING LOCAL REG. NO. | TOTAL NUMBER SENT |
|-------------|-----------------------------|--------------------------|----------------------|
| Births | | | |
| Deaths | | | |
| Stillbirths | | | |

REQUESTS FOR SUPPLIES

NUMBER NEEDED

| | |
|--|--|
| Application for Certified Copies (<i>English</i>) | |
| Application for Certified Copies (<i>Spanish</i>) | |
| Certificates of Birth | |
| Certificates of Death | |
| Certificates of Stillbirths | |
| Envelopes 4 X 9 | |
| Envelopes 7½ X 10½ | |
| Envelopes 9 X 12 | |
| Acknowledgment of Paternity Forms (<i>English</i>) | |
| Acknowledgment of Paternity Forms (<i>Spanish</i>) | |
| Safety Paper for Local Issuance (<i>Specify Number of Reams</i>) | |
| Transmittal Report Forms | |
| Other (<i>Please Specify</i>) | |

VIOLATION REPORTS

| NAME | ADDRESS | NATURE OF VIOLATION |
|------|---------|---------------------|
| | | |
| | | |
| | | |

Other (Comments, suggestions, etc.)
