

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
Place of Birth			(Village, Town or City)		County
Hospital (If not hospital, give street & number) MEMORIAL HOSPITAL			TOWN OF CATSKILL		GREENE
Father			Maiden Name of Mother		
First	Middle	Last	First	Middle	Last
Number of Copies Requested		Enter Birth No. if Known	Enter Local Registration No. if Known		

Purpose for Which Record is Required (Check One)

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

NAME	If attorney, give name and relationship of your client to person whose record is required	
FIRST MIDDLE LAST		
What is your relationship to person whose record is required?		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		
Telephone No. () - -	(name of client)	(relationship)

Social Security No. - -	FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small> TYPE OF ID: <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____	
Signature of Applicant		Date
MM DD YY		
Address of Applicant		
Street		
City	State Zip Code	