

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

BIRTH Name	First	Middle	Last	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					M	M	D	D	Y	Y	Y
Place of Birth	Hospital (If not hospital, give street & number)				(Village, Town or City)				County		
Father	First	Middle	Last	Maiden Name of Mother	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"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____										
	<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces										

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

FEE: \$10.00 per copy (MONEY ORDER ONLY) made out to:
"North Tonawanda City Clerk"

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license - Please include photo-copy of current 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

MAIL TO:

REGISTAR OF VITAL STATISTICS
City Hall - Clerks Office
216 Payne Avenue
North Tonawanda, NY 14120