Application to Local Registrar for Copy of Birth Record

	CERTIFICATE	INFORMA	TION		
First Middle Name	Last	Date of Birth M M D D Y Y Y Y			
Place of Birth		(Village, Town or City) County			
First Middle Father			Maiden Name First Middle Last of Mother		
Number of Copies Requested Enter Birth Nif Known		Enter Local Registration No. if Known			
Purpose for Which Record is Required (Check One) Passport Passport Social Security-Retirement Social Security-SSI Driver's License Court Proceeding Marriage License Entrance into Armed Forces Other (Specify)					
NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify Telephone No. ()		If attorney, give name and relationship of your client to person whose record is required			
		(name of client) (relationship) FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID Driver's License StateNo.			
					Street City State Zip Code

TYPES OF ACCEPTABLE IDENTIFICATION (\$10.00 Cash, Check or Money Order)

- 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

Mail To:

North Tonawanda City Clerk Attn: Vital Statistics 216 Payne Avenue North Tonawanda, NY 14120