

Vital Records Section

\$10.00 Fee, per copy
 (Make Cashiers checks/Money Order
 out to Town Clerk)

Town of North Dansville
 Town Clerk
 14 Clara Barton St
 Dansville, NY 14437

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION (Name on the Birth Certificate)

| | | | | | |
|---|------------------------|------------------|----------------------------|---------------|--------------------|
| <u>FIRST NAME</u> | <u>MIDDLE NAME</u> | <u>LAST NAME</u> | <u>DATE OF BIRTH:</u> | | |
| | | | MM | DD | YYYY |
| <u>PLACE OF BIRTH (Hospital or Address)</u> | | | <u>VILLAGE/TOWN/CITY</u> | | <u>COUNTY</u> |
| <u>FATHER FIRST NAME</u> | <u>MIDDLE NAME</u> | <u>LAST NAME</u> | <u>MOTHER FIRST NAME</u> | <u>MIDDLE</u> | <u>MAIDEN LAST</u> |
| | | | | | |
| NUMBER OF COPIES: | Birth #: (if known) | | LOCAL REG #: (if known) | | |

PURPOSE FOR REQUEST:

- | | | |
|---|---|---|
| <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 Proceedings |
| <input type="checkbox"/> Retirement Employment | <input type="checkbox"/> Marriage License | <input type="checkbox"/> Entrance into Armed Forces |
| <input type="checkbox"/> Other (Specify) _____ | | |

APPLICANT INFORMATION (Person Requesting Copy)

| | | | | |
|--|--------------------|------------------|--|--|
| <u>FIRST NAME</u> | <u>MIDDLE NAME</u> | <u>LAST NAME</u> | If attorney, give Name and relationship of your client to the person whose record is requested | |
| | | | | |
| RELATIONSHIP to person of requested copy? | | | (Name of Client) | |
| <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other Specify Other: _____ | | | (Relationship) | |
| PHONE #: () - | | | FOR REGISTRAR'S USE ONLY (Photo Copy ID and attach to application form) | |
| Signature of Applicant: _____ | | | | |
| ADDRESS OF APPLICANT: | | | | |
| Street _____ City State Zip Code | | | | |
| | | | TYPE OF ID: <input type="checkbox"/> Diver's License State: _____ No. _____ <input type="checkbox"/> Other ID, Specify _____ No. _____ | |

TYPES OF ACCEPTABLE IDENTIFICATION

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

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED