

Vital Records Section

\$10.00 Fee, per copy
 (Cashiers Checks/Money Order)
 Made 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: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security or Retirement / SSI</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> LOST</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Retirement Employment</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>						<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security or Retirement / SSI	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> LOST	<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) _____		
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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)		(Relationship)															
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other Specify Other: _____																				
PHONE #: () -			FOR REGISTRAR'S USE ONLY (Photo Copy ID and attach to application form)																	
Signature of Applicant: _____			TYPE OF ID:																	
ADDRESS OF APPLICANT:			<input type="checkbox"/> Driver's License																	
Street			State: _____ No. _____																	
City State Zip Code			<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