## APPLICATION FOR COPY OF BIRTH RECORD

## **New York State Birth Certificate Request Form**

Name:		Date of Birth:	
(First)	(Middle)	(Last)	
Place of Birth (e.g. Hospital or	Residence):		
Village, Town or City:		County:	
Father:			
(First)	(Middle)	(Last)	
Mother:	(Middle)	(Last)	
Number of Copies Requested:		☐ Standard Size ☐ Wallet Size	
Birth Certificate # If Known:		Local Register # If Known:	
Purpose For Which Record is	Required (check one):		
☐ Passport	☐ Working Papers	■ Welfare Assistance	☐ Social Security
Retirement	☐ Driver's License	☐ School Entrance	☐ Veteran's Benefits
■ Employment	☐Marriage License	☐ Entrance into Armed Forces	☐Court Proceeding
Other (specify)			
Describe your relationship to the person whose record is required (If self, state "self"):			
If attorney, name and relationship of your client to persons whose record is required:			
Client:	Client: Relationship:		
This office requires written authorization of the person/parents whose record is requested before a search is processed.			
Signature of Applicant: Date:			
Street:			
City:		State:	Zip:
Please PRINT or TYPE name and address where record should be sent:			
Name:			
Street:	Phone:		
City:		State:	Zip:

## WHERE TO APPLY: Mail to Village of Carthage • 120 South Mechanic St • Carthage NY 13619



## **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

COSTS: \$10.00 Money Order with a Copy of Form of ID REQUIRED!

APPROXIMATE TIME FROM APPLICATION TO ISSUE: One Week DO NOT ISSUE copy unless ONE of the above types of Identification is present.