

Application to Local Registrar for Copy of Birth Record

INFORMATION AS IT APPEARS ON BIRTH CERTIFICATE

CERTIFICATE INFORMATION

	First	Middle	Last	Date of Birth	[] []	[] []	[] []	[] []	[] []	[] []	[] []	
Name				M M D D Y 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"/> 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 Proceeding				
<input type="checkbox"/> Retirement				<input type="checkbox"/> Marriage License				<input type="checkbox"/> Entrance into Armed Forces				
<input type="checkbox"/> Employment				_____								
<input type="checkbox"/> Other (Specify)				_____								

APPLICANT INFORMATION

CURRENT INFORMATION

<p>NAME</p> <p>FIRST MIDDLE LAST</p> <p>What is your relationship to person whose record is required?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. ([] [] []) [] [] [] [] [] [] [] []</p> <p>Social Security No. [] [] [] - [] [] - [] [] [] [] [] []</p> <p>Signature of Applicant _____</p> <p style="text-align: right;">Date</p> <p style="text-align: right;">[] [] [] [] [] [] [] []</p> <p style="text-align: right;">MM DD YY</p> <p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> <p>(name of client) (relationship)</p> <hr/> <p style="text-align: center;">FOR REGISTRAR'S USE ONLY</p> <p style="text-align: center;">(Photocopy ID and attach to application form)</p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License</p> <p>State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p>No. _____</p>		

FEE IS \$10.00 EACH RETURN TO: CITY CLERK
200 E. THIRD ST
JAMESTOWN NY 14701

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

BIRTH CERTIFICATES WILL ONLY BE ISSUED TO THE PERSON NAMED OR ONE OF THE PARENTS NAMED ON THE BIRTH RECORD.

A PHOTOCOPY OF ACCEPTABLE IDENTIFICATION IS REQUIRED. A VALID DRIVER'S LICENSE OR STATE ISSUED ID IS PREFERRED. IF IT DOES NOT CONTAIN YOUR CURRENT MAILING ADDRESS, PROOF OF MAILING ADDRESS (SUCH AS A UTILITY BILL SHOWING CURRENT NAME AND ADDRESS) IS REQUIRED

THE FEE FOR EACH CERTIFICATE IS \$10.00. GENERALLY THE CERTIFICATE IS MAILED OUT THE SAME DAY YOUR REQUEST IS RECEIVED.

PLEASE RETURN THE COMPLETED APPLICATION ALONG WITH A PHOTOCOPY OF YOUR ID TO:

CITY CLERK
200 E. THIRD ST
JAMESTOWN, NY 14701

FOR FASTER RETURN, YOU MAY FAX THE APPLICATION REQUEST FORM AND COPY OF YOUR ID TO 716/483-7502. THE FEES MUST BE CHARGED TO A MAJOR CREDIT CARD. THERE IS A \$3.00 CONVENIENCE FEE FOR THIS SERVICE. EXPRESS RETURN BY U.S. MAIL IS AVAILABLE AT AN ADDITIONAL CHARGE OF \$23.75 (A TOTAL CHARGE OF \$36.75). ONCE FAXED, PLEASE CALL 716/483-7612 TO PROVIDE CREDIT CARD INFORMATION AND VERIFY THAT WE HAVE ALL OF THE REQUIRED INFORMATION.

PLEASE CONTACT THE CITY CLERK'S OFFICE AT 716/483-7612 IF YOU HAVE ANY QUESTIONS.