

Application to Local Registrar for Copy of Birth Record

INFORMATION AS IT APPEARS ON BIRTH CERTIFICATE

CERTIFICATE INFORMATION

	First	Middle	Last	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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		XXX		Enter Local Registration No. if Known				XXXX			
Purpose for Which Record is Required (Check One)														
<input type="checkbox"/> Passport			<input type="checkbox"/> Social Security-Retirement			<input type="checkbox"/> Social Security-SSI			<input type="checkbox"/> Retirement			<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____			<input type="checkbox"/> Working Papers			<input type="checkbox"/> School Entrance			<input type="checkbox"/> Driver's License			<input type="checkbox"/> Marriage License		
<input type="checkbox"/> Welfare Assistance			<input type="checkbox"/> Veteran's Benefits			<input type="checkbox"/> Court Proceeding			<input type="checkbox"/> Entrance into Armed Forces					

APPLICANT INFORMATION

CURRENT INFORMATION

<p>NAME</p> <p style="text-align: center;">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>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 60%; height: 30px;"></td> <td style="border: 1px solid black; width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>			(name of client)	(relationship)
(name of client)	(relationship)				
<p>Signature of Applicant</p> <p style="text-align: right;">Date</p> <p style="text-align: center;">MM DD YY</p>	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY</p> <p style="text-align: center; font-size: small;">(Photocopy ID and attach to application form)</p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License</p> <p style="margin-left: 20px;">State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p style="margin-left: 20px;">No. _____</p>				
<p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</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** Must be current - if it does not have current address please submit proof of address
2. **Non-driver's license** Must be current - if it does not have current address please submit proof of address
3. **Passport** Must be current - proof of address required for mail/fax requests
4. **Naturalization Papers** Must provide proof of address for mail/fax requests
5. **Military ID** Must provide proof of address for mail/fax requests
6. **Employer's Photo ID** Must be current. Proof of address required for mail requests
7. **Two utility bills, showing applicant's name and address** Must be recent/current
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 YOUR ID 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 THE PROPER FEES (CHECK OR MONEY ORDER) AND 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 \$25.50 (A TOTAL CHARGE OF \$38.50). ONCE FAXED, PLEASE CALL 716/483-7612 TO PROVIDE CREDIT CARD INFORMATION AND VERIFY THAT WE HAVE ALL OF THE REQUIRED INFORMATION. FOR EXPRESS MAIL THE REQUEST MUST BE RECEIVED BY 2:45 PM EST.

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