OFFICE OF THE TOWN CLERK

130 Ovid Street
Seneca Falls, NY 13148
Phone (315) 568-8013

Application to Local Registrar For Copy of Birth Record

SEARCH INFORMATION

Name First Middle Last

Date of Birth ___ ___ _____ MM DD YYYY

Place of Birth Hospital (If not hospital, give street & number) **Village, Town or City** **County**

Father's Name First Middle Last

Mother's Maiden Name First Middle Last

Number of Copies Requested # _____

Enter Birth No. If Known # _____

Enter Local Registration No. if Known # _____

FEE: $10.00 per certified copy, $11.00 for genealogy – make check or money order payable to Seneca Falls Town Clerk

Purpose for which Record is Required (Check one)

__ Passport
__ Social Security-Retirement
__ Social Security SSI
__ Retirement
__ Employment
__ Working Papers
__ School Entrance
__ Driver's License
__ Marriage
__ Welfare Assistance
__ Veteran's Benefits
__ Court Proceeding
__ Entrance into Armed Forces
__ Other (specify) _____

APPLICANT INFORMATION

Name_____

What is your relationship to the person whose record is required?

__ Self __ Parent __ Other, specify _____

Telephone No. (_____) _____ - _____

Social Security No: _____

_____
Signature of Applicant Date ___ ___ ____

Address of Applicant

_____
Street

_____
City State Zip Code

If attorney, give name and relationship of your client to person whose record is required

_____ _____
Name of Client Relationship

FOR REGISTRAR'S USE ONLY

TYPE OF ID (Photocopy ID and attach to application form)

Driver's License
__ State _____ No. _____

__ 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

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