Office of the Town Clerk
TOWN OF SENECA FALLS

130 OVID STREET
SENECA FALLS, NY 13148

315-568-8013
www.senecafalls.com

APPLICATION TO LOCAL REGISTRAR FOR COPY OF BIRTH RECORD

Search Information

Name First Middle Last

Date of Birth _____ _____ _____ (MM DD YYYY)

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

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
__ Other (specify) _____
__ Working Papers
__ School Entrance
__ Driver's License
__ Marriage
__ Welfare Assistance
__ Veteran's Benefits
__ Court Proceeding
__ Entrance into Armed Forces

APPLICANT INFORMATION

Client 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

_____
Street

_____
City State Zip Code

If attorney, give name and relationship of your 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:

_____

Other ID 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