

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Name</td> </tr> </table>	First	Middle	Last	Name			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Date of Birth</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	Date of Birth									M	M	D	D	Y	Y	Y		
First	Middle	Last																							
Name																									
Date of Birth																									
	M	M	D	D	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)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>							<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) _____		
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## APPLICANT INFORMATION

<p>NAME</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">FIRST</td> <td style="width: 33%; text-align: center;">MIDDLE</td> <td style="width: 33%; text-align: center;">LAST</td> </tr> </table> <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>	FIRST	MIDDLE	LAST	<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%; 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)
FIRST	MIDDLE	LAST						
(name of client)	(relationship)							
<p>Signature of Applicant</p> <p style="text-align: right;">Date</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> </table>				MM	DD	YY	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b></p> <p style="text-align: center;"><small>(Photocopy ID and attach to application form)</small></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>	
MM	DD	YY						
<p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>								

## **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 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 \$30.00 FOR THE FIRST COPY AND \$10.00 FOR ANY ADDITIONAL COPIES REQUESTED IN THE SAME TRANSACTION.

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 OR EMAIL THE APPLICATION REQUEST FORM AND COPY OF YOUR ID TO 716-483-7502 or CLERK@JAMESTOWNNY.GOV. 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, PLEASE INQUIRE IF INTERESTED. ONCE FAXED OR EMAILED, 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.