Return to:

TOWN CLERK'S OFFICE 1180 CANANDAIGUA RD PALMYRA NY 14522 Phone: 1-315-597-5521

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION			
Selection of the select	ddle Last		
Name		Date of Birth M M D D Y Y Y Y	
Place of Hospital (If not hospital, give street & number) Birth		(Village, Town or Ci	ty) County
First Mid Father	ddle Last	Maiden Name First of Mother	st Middle Last
Number of Copies Requested Enter Birth Nif Known		Enter Local Registration No. if Known	
Purpose for Which Record is Required (Check One) Passport Social Security-Retin Retirement Employment Other (Specify)		Driver's L Marriage	intrance Veteran's Benefits License Court Proceeding
APPLICANT INFORMATION NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify			
Telephone No. ()		(name of client) (relationship) FOR REGISTRAR'S USE ONLY	
Signature of Applicant Date MM DD YY Address of Applicant Street		TYPE OF ID Continue	

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