APPLICATION FOR COPY OF BIRTH RECORD

New York State Birth Certificate Request Form

Name:	Date of Birth:		Date of Birth:	
(First)	(Middle)	(Last)		
Place of Birth (e.g. Hospital	or Residence):			
Village, Town or City:		County:		
Father:				
(First)	(Middle)	(Last)		
Mother:	(Middle)	(Last)		
Number of Copies Requeste	d:	☐ Standard Size ☐ Wallet Size		
Birth Certificate # If Known:		Local Register # If Known:		
Purpose For Which Record is	s Required (check one):			
☐ Passport	☐ Working Papers	☐ Welfare Assistance	☐ Social Security	
Retirement	☐ Driver's License	☐ School Entrance	☐ Veteran's Benefits	
☐ Employment	☐ Marriage License	☐ Entrance into Armed Forces	☐ Court Proceeding	
☐ Other (specify)				
Describe your relationship to	the person whose record is	required (If self, state "self"):		
If attorney, name and relation	nship of your client to person	s whose record is required:		
Client:	Client: Relationship:			
This office requires writ	ten authorization of the pe	rson/parents whose record is requeste	ed before a search is processed.	
Signature of Applicant: Date:			Date:	
Street:				
City:		State:	Zip:	
Please PRINT or TYPE name and address where record should be sent:				
Name:				
Street:		P	Phone:	
City:		State:	Zip:	

WHERE TO APPLY: Mail to Town of Clayton • 405 Riverside Drive • Clayton, NY 13624



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

COSTS: \$10.00 Money Order with a Copy of Form of ID REQUIRED!

APPROXIMATE TIME FROM APPLICATION TO ISSUE: One Week DO NOT ISSUE copy unless ONE of the above types of Identification is present.