

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

<p>Name</p> <p>First Middle Last</p>	<p>Date of Birth</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>										M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y													
<p>Place of Birth</p> <p>Hospital (If not hospital, give street & number)</p> <p style="text-align: center;">JONES MEMORIAL HOSPITAL</p>	<p>(Village, Town or City)</p> <p style="text-align: center;">WELLSVILLE</p>	<p>County</p> <p style="text-align: center;">ALLEGANY</p>																		
<p>Father</p> <p>First Middle Last</p>	<p>Maiden Name of Mother</p> <p>First Middle Last</p>																			
<p>Number of Copies Requested</p>	<p>Enter Birth No. if Known</p>	<p>Enter Local Registration No. if Known</p>																		
<p>Purpose for Which Record is Required (Check One)</p>	<table style="width:100%;"> <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> <p>FIRST MIDDLE LAST</p> <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> <p>Signature of Applicant</p> <p style="text-align: right;">Date</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>MM</td><td>DD</td><td>YY</td><td></td><td></td> </tr> </table> <p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>						MM	DD	YY			<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width:100%; height: 40px;"> <tr> <td style="width:60%;"></td> <td style="width:40%;"></td> </tr> </table> <p>(name of client) (relationship)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Village of Wellsville P.O. Box 591 Phone: (585)596-1754 23 N. Main Street (585)596-1756 Wellsville, NY 14895</p> <p>\$10.00 each Check or money order made payable to: Village of Wellsville</p> <p>Include:</p> <ul style="list-style-type: none"> • legible copy of picture ID • self-addressed, stamped envelope </div>		
MM	DD	YY											