TOWN OF FRANKFORT
APPLICATION FOR COPY OF BIRTH RECORD

Registrar of Vital Statistics
Town of Frankfort
201 Third Ave.
Frankfort, NY 13340

Fee: $10 per copy
Make checks payable to
Town of Frankfort
Please do not send cash

PLEASE COMPLETE FORM (PRINT OR TYPE) & ENCLOSE FEE

First Middle Last Name	Date of Birth or Period to be Covered by Search
Place of Birth (Address)	Frankfort Circle One: Village or Town
Father's Name	Maiden Name of Mother

Purpose for Which Record is Required:_____

Number of Copies Requested_____ at $10 each.

What was your relationship to person whose record is required?_____

If attorney, name and relationship of your client to person whose record is required?_____

_____

Signature of Applicant_____Date_____

Address of Applicant_____

PLEASE PRINT NAME & ADDRESS WHERE RECORD SHOULD BE SENT

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

****This office requires written authorization of the person/parents whose record is requested before a search is processed.**

YOU MUST SUBMIT COPY OF DRIVER'S LICENSE OR OTHER FORM OF IDENTIFICATION WITH REQUEST