Village of Walton

Incorporated 1851

MUNICIPAL BUILDING
21 NORTH STREET
WALTON, NY 13856
607-865-4358
clerk@villageofwalton.com
TDD 1-800-662-1220

Application for
Copy of Birth Record

For Office Use Only:

Date Issued: _____

By: _____

Please complete form, **have signature notarized** and enclose fee of **$10.00 per copy or No Record Certification.** Make ***money order*** payable to Village of Walton, 21 North Street, Walton, NY 13856
Enclose a self-addressed, stamped envelope.

Applicant

Name:

Street:

City/State/Zip Code:

Telephone:

Email:

Relationship to person named on birth certificate:
☐ Self ☐ Mother/Father ☐ Other (please explain)_____

Purpose for which record is required (check one)

☐ Kindergarten Registration ☐ Employment Certificate
☐ Veteran's Administration ☐ Public Relief or Government Compensation
☐ Other (please explain)_____

Birth Certificate Information

Full Birth Name:

Date of Birth:

Full Maiden Name of Mother:

Father's Name:

State of _____
County of _____
Sworn to me this _____ day of _____, _____

_____ Signature of Applicant

_____ Notary Public