

**EMILY HAWKINS**EDEN TOWN CLERK
2795 E CHURCH ST
EDEN NY 14057-1280Phone (716) 992-3408, ext. 4
townclerk@edenny.gov**APPLICATION FOR SEARCH OF BIRTH RECORD**

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Check or Money Order accepted.

PLEASE PRINT OR TYPE

NAME (First) (Middle) (Last)			DATE OF BIRTH OR PERIOD TO BE COVERED BY SEARCH																		
PLACE OF BIRTH Hospital (If not hospital, give street & number)			(County)																		
FATHER (First) (Middle) (Last)			MAIDEN NAME OF MOTHER (First) (Middle) (Last)																		
NUMBER OF COPIES DESIRED		ENTER BIRTH No. IF KNOWN		ENTER LOCAL REGISTRATION No. IF KNOWN																	
<table border="0"><tr><td rowspan="5">PURPOSE FOR WHICH RECORD IS REQUIRED Check One</td><td>☐ Passport</td><td>☐ Working Papers</td><td>☐ Welfare Assistance</td></tr><tr><td>☐ Social Security</td><td>☐ School Entrance</td><td>☐ Veteran's Benefits</td></tr><tr><td>☐ Retirement</td><td>☐ Driver's License</td><td>☐ Court Proceeding</td></tr><tr><td>☐ Employment</td><td>☐ Marriage License</td><td>☐ Entrance Into Armed Forces</td></tr><tr><td colspan="3">☐ Other (specify) _____</td></tr></table>						PURPOSE FOR WHICH RECORD IS REQUIRED Check One	☐ Passport	☐ Working Papers	☐ Welfare Assistance	☐ Social Security	☐ School Entrance	☐ Veteran's Benefits	☐ Retirement	☐ Driver's License	☐ Court Proceeding	☐ Employment	☐ Marriage License	☐ Entrance Into Armed Forces	☐ Other (specify) _____		
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	☐ Other (specify) _____																				

What is your relationship to person whose
record is required? If self, state "self" _____If attorney: Name and Relationship of your
client to person whose record is required: _____This office requires written authorization of the person/parents whose record is
requested before a search is processed:**SIGNATURE MUST BE NOTORIZED**

Signature of Applicant _____

Sworn and subscribed before me

Address of Applicant _____

this _____ day of _____

Date _____

Notary Seal

Phone Number _____

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____ Zip _____