NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: $10.00 per copy or No Record Certification. Please do not send cash or stamps. payable to the Annsville Town Clerk

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)	(Village, town or city)
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

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) _____

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 of Applicant	Date
Address of Applicant	Please print name and address where record should be sent.

DOH-296A (7/92)

Town of Annsville
4225 State Route 69
Taberg, NY 13471

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