CITY OF JOHNSTOWN
Office of the City Registrar
33-41 East Main Street
Johnstown, New York 12095
(518) 736-4011

- OFFICE USE ONLY -
Document Located: Yes☐ No☐ Register #:_____
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Fee Paid: _____ Cash: ☐ Check: ☐ Credit: ☐
Receipt # _____ Date: _____ /_____/ _____
Signature _____

APPLICATION FOR COPY OF BIRTH RECORD

1. Fee: $10.00 per copy

2. Identification Requirements: Application must be submitted with copies of either A or B.

A. One (1) of the following forms of photo ID	B. Two (2) of the following showing applicants name and address:
• Driver's License / Non-Driver ID • Passport • Employment / Military ID	• Utility bill • Telephone bill • Letter from a government agency dated within the last six (6) months

3. Copies will only be issued to the individual named on birth certificate, parent listed on birth certificate or by a New York State court order

Purpose for which record is required (check at least one):

☐ Passport ☐ Working Papers ☐ Welfare Assistance ☐ Social Security ☐ School Entrance ☐ Veteran's Benefits
☐ Retirement ☐ Driver's License ☐ Court Proceeding ☐ Armed Forces ☐ Employment ☐Other _____

What is your relationship to person whose record is requested:	If attorney, give name and relationship of your client to person whose record is requested:

4. BIRTH INFORMATION

Name as listed on Birth Certificate

First *Middle* *Last*

Date of Birth:_____ / _____ /_____	Place of Birth. If not hospital give address:

Name of Mother:

First *Middle* *Last* *Maiden Name*

Name of Father:

First *Middle* *Last*

Number of copies requested:

5. APPLICANT INFORMATION

Name:

Mailing Address:

City: State: Zip:

Phone: ( ) -	Email:

Signature:	Date: _____ / _____ /_____

Revised: 04/2026