EMILY HAWKINS
EDEN TOWN CLERK
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EDEN NY 14057-1280

Phone: (716) 992-3406
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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)	(Village, Town or City) (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

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 MUST BE NOTORIZED

Signature of Applicant _____

Sworn and subscribed before me

Address of Applicant _____

this _____ day of _____.

Date _____

_____ Notary Seal

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____ Zip _____