

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 Village of Herkimer

CERTIFICATE INFORMATION

Name First Middle Last		Date of Birth															
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	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance Into Armed Forces</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Other (specify) _____ </td> </tr> </table>		<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance Into Armed Forces	<input type="checkbox"/> Other (specify) _____		
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APPLICANT INFORMATION

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.

Return completed form to: Registrar
Village of Herkimer
120 Green St.
Herkimer, NY 13350

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

Do not issue copy unless one of the above types of identification is presented