

**TOWN OF NEW ALBION - VILLAGE OF CATTARAUGUS
REGISTRAR OF VITAL STATISTICS
14 MAIN STREET
CATTARAUGUS, NY 14719**

APPLICATION FOR COPY OF A BIRTH RECORD
PLEASE COMPLETE FORM AND ENCLOSE FEE
PLEASE PRINT OR TYPE

FEE: \$10.00 PER COPY **Do not send cash.**
Make checks payable to: TOWN OF NEW ALBION or VILLAGE OF CATTARAUGUS

Name: (First) (Middle) (Last)	DATE OF BIRTH or period to be covered by search																
PLACE OF BIRTH:	(Village/Town)	(County)															
FATHER: (First) (Middle) (Last)	MOTHER (First) (Middle) (Last)																
NUMBER OF COPIES DESIRED:	ENTER BIRTH NO. (If Known)																
ENTER LOCAL REGISTRATION NO. (If Known)																	
<p>PURPOSE FOR WHICH RECORD IS REQUIRED (PLEASE CHECK ONE)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Passport</td> <td style="width: 33%;"><input type="checkbox"/> Social Security</td> <td style="width: 34%;"><input type="checkbox"/> Retirement</td> </tr> <tr> <td><input type="checkbox"/> Working papers</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Employment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Entrance into Armed Forces</td> <td></td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table> <p>What is your relationship to person whose record is required? If self, state "self" _____</p> <p>If attorney, give name and relationship of your client to person whose record is required _____</p> <p>_____</p> <p>This office requires written authorization of the person or parents whose record is requested before a search is preceded.</p> <p>Signature of Applicant: _____</p> <p>Address of Applicant: _____</p> <p>_____</p> <p style="text-align: center;">Date: _____</p> <p>SIGNATURE MUST BE NOTARIZED</p> <p>Subscribed and sworn before me this ____ day of _____</p> <p>_____</p> <p>Notary Public</p>			<input type="checkbox"/> Passport	<input type="checkbox"/> Social Security	<input type="checkbox"/> Retirement	<input type="checkbox"/> Working papers	<input type="checkbox"/> School Entrance	<input type="checkbox"/>	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Employment		<input type="checkbox"/> Entrance into Armed Forces			<input type="checkbox"/> Other (Specify) _____		
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<input type="checkbox"/> Other (Specify) _____																	

Please print name and address where record should be sent:

Name: _____

Address: _____

City: _____ State _____ Zip _____