

LENOX TOWN CLERKS OFFICE
205 S. PETERBORO STREET
CANASTOTA, NY 13032
315-697-7547

PLEASE fill out the following information and return with:

Please complete attached form and mail to-

Lenox Registrar
205 S. Peterboro Street
Canastota, NY 13032

Please submit the following-

\$10.00 check or money order
Self addressed stamped envelope
Drivers License/Non-Drivers License

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

<p>Name</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	First	Middle	Last				<p>Date of Birth</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"> _ _ </td> <td style="width: 16.6%;"> _ _ </td> <td style="width: 16.6%;"> _ _ </td> <td style="width: 16.6%;"> _ _ </td> <td style="width: 16.6%;"> _ _ </td> <td style="width: 16.6%;"> _ _ </td> </tr> <tr> <td align="center">M</td> <td align="center">M</td> <td align="center">D</td> <td align="center">D</td> <td align="center">Y</td> <td align="center">Y</td> </tr> </table>	_ _	_ _	_ _	_ _	_ _	_ _	M	M	D	D	Y	Y
First	Middle	Last																	
_ _	_ _	_ _	_ _	_ _	_ _														
M	M	D	D	Y	Y														
<p>Place of Birth</p> <p><small>Hospital (If not hospital, give street & number)</small></p>	<p>(Village, Town or City)</p>	<p>County</p>																	
<p>Father</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	First	Middle	Last				<p>Maiden Name of Mother</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		First	Middle	Last								
First	Middle	Last																	
First	Middle	Last																	

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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Purpose for Which Record is Required (Check One)

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

<p>NAME</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">FIRST</td> <td style="width: 33%; text-align: center;">MIDDLE</td> <td style="width: 33%; text-align: center;">LAST</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p>What is your relationship to person whose record is required?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____</p> <p>Telephone No. (_ _) _ _ - _ _ _ _ </p> <p>Social Security No. _ _ - _ - _ _ _ _ </p>	FIRST	MIDDLE	LAST				<p>If attorney, give name and relationship of your client to person whose record is required</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%; height: 30px;"></td> </tr> <tr> <td align="center">(name of client)</td> <td align="center">(relationship)</td> </tr> </table>			(name of client)	(relationship)
FIRST	MIDDLE	LAST									
(name of client)	(relationship)										

<p>Signature of Applicant</p> <p>Date</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> _ _ </td> <td style="width: 33%;"> _ _ </td> <td style="width: 33%;"> _ _ </td> </tr> <tr> <td align="center">MM</td> <td align="center">DD</td> <td align="center">YY</td> </tr> </table> <p>Address of Applicant</p> <p>Street _____</p> <p>City _____ State _____ Zip Code _____</p>	_ _	_ _	_ _	MM	DD	YY	<p align="center">FOR REGISTRAR'S USE ONLY</p> <p align="center"><small>(Photocopy ID and attach to application form)</small></p> <p>TYPE OF ID</p> <p><input type="checkbox"/> Driver's License</p> <p>State _____ No. _____</p> <p><input type="checkbox"/> Other ID, specify _____</p> <p>No. _____</p>
_ _	_ _	_ _					
MM	DD	YY					