

BIRTH RECORD - APPLICATION FOR COPY

- ▶ PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE
- ▶ **COMPLETE & SIGN THIS FORM**
- ▶ ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE
- ▶ FEE: **\$10.00** MONEY ORDER MADE PAYABLE TO "TOWN CLERK"
- ▶ MAIL TO: Town Clerk, Town of Porter Town Hall, 3265 Creek Road, Youngstown, New York 14174

NAME AT BIRTH _____
First, Middle, Last

DATE OF BIRTH _____
Month, Day, Year

FATHER'S NAME _____
First, Middle, Last

MOTHER'S NAME (MAIDEN) _____
First, Middle, Maiden Name

PURPOSE FOR WHICH RECORD IS REQUIRED _____

NUMBER OF COPIES REQUIRED _____

APPLICANT INFORMATION

YOUR NAME _____

YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUIRED _____

YOUR TELEPHONE NO. _____ - _____ SOCIAL SECURITY NO. _____ - _____ - _____
Area Code

SIGNATURE OF APPLICANT _____

ADDRESS OF APPLICANT _____

Street, City, State, Zip Code IF USING A P.O. BOX #, YOUR

TODAY'S DATE _____

SIGNATURE MUST BE
NOTARIZED.

Acceptable identification - Driver's license, non-driver's license, passport, naturalization papers, military id, employer's photo id, police report of lost or stolen id, two utility bills showing applicant's name and address.

OFFICE USE ONLY TYPE ID - _____ DRIVER'S LICENSE/STATE NO _____