

Birth

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

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 Town Clerk, Town of Vienna

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)		
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

<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) _____		

APPLICANT INFORMATION

Name First Middle Last			If attorney, give name and relationship of your client to person whose record is required.		
What is your relationship to person whose record is required? __ Self __ Parent __ Other, specify _____			(name of client) (relationship)		
Telephone No. (____) ____ - _____			<p align="center">FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> <p>TYPE OF ID Driver's License State _____ No. _____</p> <p>Other ID, specify</p> <p>No. _____</p>		
Social Security No. ____ - ____ - ____					
Signature of Applicant		Date			
Address of Applicant					
Street					
City					
State					
Zip Code					

DOH-296A (11/94)

TOWN OF VIENNA
POB 250, 2083 STATE RT 49
NORTH BAY, NEW YORK 13123

VS-34B