

REGISTRAR'S OFFICE  
420 Broadway  
Kingston, NY 12401

APPLICATION TO LOCAL REGISTRAR  
FOR COPY OF BIRTH RECORD

FEE: \$10.00 per copy Cash or Money Order

NAME: First Middle Last DATE OF BIRTH:

PLACE OF BIRTH: Hospital

FATHER:

MAIDEN NAME OF MOTHER:

NUMBER OF COPIES:

PURPOSE FOR WHICH RECORD IS REQUESTED:

<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 Proceedings
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Ent. Into Armed
<input type="checkbox"/> Employment	<input type="checkbox"/> Sports Registration	<input type="checkbox"/> Forces
<input type="checkbox"/> Other		

APPLICANT INFORMATION

What is your relationship to person whose record is required?  Self  Parent  Other, Specify \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

If Attorney, give name & relationship of your client to person whose record is required:

Signature of Applicant

Address of Applicant

Name Relationship

City State Zip Code

Date \_\_\_\_\_

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.

**Identification Requirements -- Application *must* be submitted with copies of either A or B:**

- A. One (1) of the following forms of valid photo-ID:
- Driver license
  - Non-Driver Photo-ID Card
  - Passport
  - Employment ID
- B. Two (2) of the following showing the applicant's name and address:
- Utility or telephone bills
  - Letter from a government agency dated within the last six (6) months

**Important Note:** Failure to include necessary identification will result in rejection of your application.