

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Birth Record**

Town of Essex Town Clerk Registrar of Vital Statistics PO Box 45 Essex, NY 12936	Fee: \$10.00 Make Check Payable to Essex Town Clerk Do Not Send Cash
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Name: (as listed on birth certificate) <div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Middle</i> <i>Last</i> </div>	Date of Birth: (mm / dd / yyyy)
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Town, city or village where birth occurred:	Name of hospital where birth occurred: (If known)
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Maiden Name of Mother: (as listed on birth certificate) <div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Middle</i> <i>Maiden Last</i> </div>	Local Registration No.: (If known)
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Father: (as listed on birth certificate) <div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Middle</i> <i>Last</i> </div>	Number of Copies Requested:
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Purpose for which Record is Required: (Check one)	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Employment <input type="checkbox"/> Working Papers <input type="checkbox"/> School entrance	<input type="checkbox"/> Driver license <input type="checkbox"/> Marriage license <input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Veteran's benefits <input type="checkbox"/> Court proceeding <input type="checkbox"/> Entrance into Armed Forces
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If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:
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Signature of Applicant: _____ (Applicant's Name) _____ (Street) _____ (City) (State) (Zip)	Date Signed: Month Day Year _____	<div style="text-align: center;">FOR REGISTRAR'S USE ONLY</div> (Photocopy ID and attach to application form) Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
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