Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

	First	Middle	Last
Name			

Date of Birth ⎵⎵ ⎵⎵ ⎵⎵⎵⎵
M M D D Y Y Y Y

Place of Birth	Hospital (If not hospital, give street & number) JONES MEMORIAL HOSPITAL	(Village, Town or City) WELLSVILLE	County ALLEGANY

	First	Middle	Last
Father			

Maiden Name of Mother	First	Middle	Last

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known

Purpose for Which Record is Required (Check One)

☐ Passport
☐ Social Security-Retirement
☐ Social Security-SSI
☐ Retirement
☐ Employment
☐ Other (Specify) _____

☐ Working Papers
☐ School Entrance
☐ Driver's License
☐ Marriage License

☐ Welfare Assistance
☐ Veteran's Benefits
☐ Court Proceeding
☐ Entrance into Armed Forces

APPLICANT INFORMATION

NAME

FIRST   MIDDLE   LAST

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. (⎵⎵⎵) ⎵⎵⎵ - ⎵⎵⎵⎵

Social Security No. ⎵⎵⎵ - ⎵⎵ - ⎵⎵⎵⎵

Signature of Applicant	Date ⎵⎵ ⎵⎵ ⎵⎵ MM DD YY

Address of Applicant

Street _____

City _____ State _____ Zip Code _____

If attorney, give name and relationship of your client to person whose record is required

(name of client)	(relationship)

Village of Wellsville
P.O. Box 591   Phone: (585)596-1754
156 N. Main Street   (585)596-1756
Wellsville, NY 14895

$10.00 each   Check or money order made payable to: Village of Wellsville

Include: • **legible copy of picture ID**
                  • **self-addressed, stamped envelope**

DOH-296A (11/94)