

**CERTIFICATE INFORMATION**

Name: _____ First/Middle/Last		Date of Birth: ____/____/____ MM DD YYYY
Place of Birth: (Give Street Name and Number)		
Father: _____ First/Middle/Last	Maiden Name of Mother _____ First/Middle/ Last	
Number of Copies:		
Reason for Request: <input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Kindergarten Entrance <input type="checkbox"/> Social Services <input type="checkbox"/> Employment <input type="checkbox"/> Other Explain Other: _____		

**APPLICANT INFORMATION**

Name: _____	
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	<b>REGISTRAR USE ONLY</b>
Date: _____	Driver's License Number: _____
Telephone No. _____	Expiration Date: _____
Applicant Signature: _____	Other ID: _____
Address: _____	<b>Fee: \$10.00 per copy or No Record Certification</b>
	Please include a copy of your driver's license, along with payment made payable to: Diane M. Marco, Rotterdam Town Clerk 1100 Sunrise Blvd., Rotterdam, NY 12306
	<b>Out of State – Money Orders Only</b>

Who is eligible to obtain a Birth Certificate Copy?

- The person named on the Birth Certificate
- A parent of the person named on the Birth Certificate (requesting parents name must be on Birth Certificate).
- Only by order of a New York State Court may a spouse, child or other persons obtain a copy of a Birth Certificate.