

Please Include:

- **Copy of Photo ID**
- **Check Payable to Town of New Paltz
(\$10.00 each copy)**
- **Self Addressed Stamped Envelope**

Mail To:

**Town of New Paltz
PO Box 550
New Paltz, NY 12561
Attn: Kristie**

*** \$10.00 fee covers search and copy.**

**** If no document is found a no-record
certification will be issued.**

Any Questions Call:

(845)255-0100 ext 1

Fax: (845)256-0537

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last Name			Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y		
Hospital (If not hospital, give street & number) Place of Birth			(Village, Town or City)		
First Middle Last Father			Maiden Name First Middle Last of Mother		
Number of Copies Requested		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-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 Proceeding |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Marriage License | <input type="checkbox"/> Entrance into Armed Forces |
| <input type="checkbox"/> Employment | | |
| <input type="checkbox"/> Other (Specify) _____ | | |

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

<input type="text"/>	<input type="text"/>
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(name of client)

(relationship)

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

☐

Driver's License

State _____ No. _____

☐

Other ID, specify

No. _____