

CERTIFICATE INFORMATION

Name First Middle Last	Date of Birth [][] [][] [][][][] M M D D Y Y Y Y	
Place of Birth Hospital (If not hospital, give street & number)	(Village, Town or City)	County
Father First Middle Last	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. [][][]-[][][]-[][][][][]

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

--	--

(name of client) (relationship)

Signature of Applicant _____

Date
[][] [][] [][]
MM DD YY

Address of Applicant

 Street

 City State Zip Code

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID
 Driver's License
 State _____ No. _____

Other ID, specify _____
 No. _____

YPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address.
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED

**THERE IS A FEE OF \$10.00 PER CERTIFIED COPY.
PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO "THE VILLAGE OF MALONE"
SEND ID, FEE AND THIS ~~COMPLETED~~ APPLICATION TO:**

**THE VILLAGE OF MALONE
14 ELM STREET
MALONE, NY 12953**