

Make check or money order payable to:  
**Town of DeRuyter**  
 FEE : \$10.00 per record or no record certification

## Application to Local Registrar For Copy of Birth Record

### CERTIFICATE INFORMATION

Name <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	Date of Birth _____ <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
Place of Birth Hospital (if not hospital, give street & number)	Please check one <input type="checkbox"/> Village of DeRuyter <input type="checkbox"/> Town of DeRuyter
Father <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	Mother's <b>maiden</b> name <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>
Type of Record Requested <input type="checkbox"/> Certification <input type="checkbox"/> Transcript Number of Copies Requested _____	Enter Local Registration No. if Known
Purpose for Which Record is Required (Check One) <input type="checkbox"/> Passport <input type="checkbox"/> Social Security - Retirement <input type="checkbox"/> Social Security - SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other ( specify)	<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Court Proceedings <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Entrance into Armed Forces

### APPLICANT INFORMATION

Name <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	If Attorney, give name and relationship of your client to person whose record is required. _____ Name of Client _____ Relationship _____
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____	<div style="background-color: #cccccc; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>FOR REGISTRAR'S USE ONLY</b> </div> <p>(photocopy ID and attach to application)</p> <p><b>TYPE OF ID</b></p> <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, Specify _____ _____ No. _____
Telephone No. ( _____ ) _____	
Social Security No. _____ _____	
<b style="color: red;">Signature of Applicant</b> _____ <b style="color: red;">Date</b> _____	
Address of Applicant Street _____ City, State, ZipCode _____	

\*\*\*Signature of Applicant must be notarized (over)

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ before me, the undersigned notary public in and for said state, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public Signature & Stamp

### TYPES 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**