

TOWN OF STOCKHOLM
REGISTRAR OF VITAL STATISTICS
 540 State Highway 11C
 WINTHROP, NY 13697

APPLICATION FOR A COPY OF A **BIRTH RECORD**

PLEASE COMPLETE FORM AND ENCLOSE FEE
PLEASE PRINT OR TYPE

FEE: \$10.00 PER COPY

Make checks payable to: **Heather Kish, Town Clerk**

Do not send cash!!

*No fee is charged for a search, certification or certified copy of a record to be used for eligibility determination for social welfare and veterans' benefits.

First Middle Last NAME:	DATE OF BIRTH or Period to be covered by Search:	
PLACE OF BIRTH:	Village, Town or City	St. Lawrence County
First Middle Last NAME OF FATHER	First Middle Last MAIDEN NAME OF MOTHER	
ENTER BIRTH NO. (IF KNOWN)	ENTER LOCAL REGISTRATION NO: (IF KNOWN)	
NUMBER OF COPIES DESIRED:		

PURPOSE FOR WHICH RECORD IS REQUIRED:		
<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	Other Specify: _____
<input type="checkbox"/> Social Security	<input type="checkbox"/> School Entrance	_____
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	_____
<input type="checkbox"/> Employment	<input type="checkbox"/> Entrance into Armed Forces	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Welfare Assistance	
<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Court Proceeding	

What is your relationship to person whose record is required? If self, state "self": _____

If Attorney, give name and relationship to person whose record is required: _____

This office requires written authorization of the person or parents whose record be requested before a search is processed.

Signature of Applicant: _____

Address of Applicant: _____

Date: _____

Signature must be notarized.

Subscribed and sworn before me this _____ day of _____ 20____

 Notary Public

Notary expires: _____ 20____ Seal:

Please print name and address where record should be sent:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____