Application to Local Registrar for Copy of Birth Record

			CERTIFICATE	INFORMA	FION	
First Middle Last			Last	Date of Birth M M D D Y Y Y Y		
Hospital (If not hospital, give street & number) Place of Birth				(Village, Town or City) County		
Father	First	Middle	Last	Maiden Na of Mother	me First M	Middle Last
Number of Copies Requested Enter Birth No if Known				0.	Enter Local Registration No. if Known	
Purpose for Which Record is Required (Check One) Passport Social Security-Retire Retirement Employment Other (Specify)				rement	Working Papers School Entrance Driver's License Marriage License	Welfare Assistance Veteran's Benefits Court Proceeding Entrance into Armed Forces
APPLICANT IN NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? Self Parent Other, specify				FORMATION If attorney, give name and relationship of your client to person whose record is required		
Telephone No. ((name of	client)	(relationship)
Signature of Applicant Date MM DD YY				TYPE OF ID Continue		
Address of Applicant Street				Other ID, specify		
City State Zin Code					No	

Include a copy of Driver's License and a \$10.00 check payable to Galen Town Clerk
Mailing Address: Town of Galen

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