

Payable: Town/Village of Harrison
One Heineman Place
Harrison, NY 10528
Jackie Greer, Town/Village Clerk

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last			Date of Birth					
Name			M M D D Y Y Y Y					
Place of Birth			(Village, Town or City)			County		
Hospital (If not hospital, give street & number)								
First Middle Last			Maiden Name			First Middle Last		
Father			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		If attorney, give name and relationship of your client to person whose record is required	
FIRST MIDDLE LAST			
What is your relationship to person whose record is required?			
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		(name of client) (relationship)	
Telephone No. () - -			
Social Security No. - -			
Signature of Applicant		Date	
		MM DD YY	
Address of Applicant		FOR REGISTRAR'S USE ONLY	
Street		(Photocopy ID and attach to application form)	
City State Zip Code		TYPE OF ID	
		<input type="checkbox"/> Driver's License	
		State No.	
		<input type="checkbox"/> Other ID, specify	
		No.	