

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.
Payable to the Town of Kirkland

PLEASE PRINT OR TYPE

	First	Middle	Last		
Name				Date of Birth or Period to be Covered by Search	
Place of Birth	Hospital (If not hospital, give street & number)			(Village, town or city)	
	First	Middle	Last		
Father				Maiden Name of Mother	
Number of Copies Desired	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		<input type="checkbox"/> School Entrance		<input type="checkbox"/> Veteran's Benefits
	<input type="checkbox"/> Retirement		<input type="checkbox"/> Driver's License		<input type="checkbox"/> Court Proceeding
	<input type="checkbox"/> Employment		<input type="checkbox"/> Marriage License		<input type="checkbox"/> Entrance Into Armed Forces
	<input type="checkbox"/> Other (specify) _____				
What is your relationship to person whose record is required? If self, state "self"				If attorney, name and relationship of your client to person whose record is required	
_____				_____	
_____				_____	
This office requires written authorization of the person/parents whose record is requested before a search is processed.					
Signature of Applicant				Date	
Address of Applicant				Please print name and address where record should be sent.	