



CITY OF JOHNSTOWN
 Office of the City Registrar
 PO Box 160, 33-41 East Main Street
 Johnstown, New York 12095
 (518) 736-4011

- OFFICE USE ONLY -	
Document Located: Yes <input type="checkbox"/> No <input type="checkbox"/>	Register #: _____
# of copies issued _____ x \$10 = \$ _____	
Receipt # _____	Date: ____ / ____ / ____
Signature _____	

APPLICATION FOR COPY OF BIRTH RECORD

1. Fee: \$10.00 per copy

2. Identification Requirements: Application must be submitted with copies of either A or B.

<p>A. One (1) of the following forms of photo ID</p> <ul style="list-style-type: none"> • Driver's License / Non-Driver ID • Passport • Employment / Military ID 	<p>B. Two (2) of the following showing applicants name and address:</p> <ul style="list-style-type: none"> • Utility bill • Telephone bill • Letter from a government agency dated within the last six (6) months
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3. Copies will only be issued to the individual named on birth certificate, parent listed on birth certificate or by a New York State court order

Purpose for which record is required (check at least one):

Passport
 Working Papers
 Welfare Assistance
 Social Security
 School Entrance
 Veteran's Benefits
 Retirement
 Driver's License
 Court Proceeding
 Armed Forces
 Employment
 Other _____

What is your relationship to person whose record is requested:	If attorney, give name and relationship of your client to person whose record is requested:
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4. BIRTH INFORMATION

Name as listed on Birth Certificate

First _____ *Middle* _____ *Last* _____

Date of Birth: _____ / _____ / _____ Place of Birth. If not hospital give address: _____

Name of Mother:

First _____ *Middle* _____ *Last* _____ *Maiden Name* _____

Name of Father:

First _____ *Middle* _____ *Last* _____

Number of copies requested: _____

5. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () - Email: _____

Signature: _____ Date: _____ / _____ / _____