

Application for Copy of Acknowledgement of Paternity

General Instructions:

- 1) Complete this application only if you completed or believe you completed an Acknowledgement of Paternity for your child. The mother of the child must not have been married at any time during the pregnancy in order for an Acknowledgement of Paternity to be completed.
- 2) Return the application by mail or in person. Fax not accepted.
- 3) Include a copy of an acceptable form of identification which indicates the same mailing address as your application. If your identification, such as a passport, does not give your mailing address you must also provide an additional form of identification. For example a copy of your passport and one current utility bill.

Types of Acceptable Identification include:

- Driver's License
- Non-Driver's ID
- Passport
- Other government issued photo-ID
- Two utility bills, showing the applicant's name and address dated within the last six months
- Two letters from a government agency, showing the applicant's name and address dated within the last six months

- 4) Mail the completed application and appropriate identification to:

Registrar
Village of Cooperstown
PO Box 346
Cooperstown, NY 13326

Processing Time: We generally process your request within two days of receipt and mail the requested record by First Class Mail. If you would like to expedite this process you may overnight your request to Registrar, Village of Cooperstown, 22 Main Street, Cooperstown, NY 13326. If you include a pre-paid US Postal Service overnight envelope we will process your request on receipt and put it back in the mail to you the same day.

Application for Copy of Acknowledgement of Paternity

Proper I.D. required (see back) **CERTIFICATE INFORMATION** \$10 fee per copy

Name First Middle Last			Date of Birth M M D D Y Y Y Y		
Place of Birth <small>Hospital (if not hospital, give street & number)</small>			(Village, Town or City)		County
Father First Middle Last			Maiden Name of Mother First Middle Last		

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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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 FIRST MIDDLE LAST	If attorney, give name and relationship of your client to person whose record is required		
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____	<table border="1"><tr><td></td><td></td></tr></table> (name of client) (relationship)		
Telephone No. () - - - - -			
Social Security No. - - - - -			

Signature of Applicant	Date MM DD YY
Address of Applicant Street City State Zip Code	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____