

Application for Copy of Birth Record

General Instructions:

- 1) Complete this application only if you are listed on the birth certificate (parent/child) or have a court order* which grants you custody of the named child.
- 2) Return the application by mail or in person. Fax not accepted.
- 3) Include a certified check or money order in U.S. Fund payable to Village of Cooperstown in the amount of \$10.00 per requested copy. Please note this is a non-refundable search fee. If the requested record is not found you will be issued a notice to such and no refund will be issued.
- 4) 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

- 5) Mail the completed application, payment 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.

***Legal Right by Court Order** - You must include the original court with a raised seal from the court to prove your legal right to the requested record. We will return your court order your requested record.

Application to Local Registrar for Copy of Birth Record

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

Name First Middle Last			Date of Birth <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> </table>									M	M	D	D	Y	Y
M	M	D	D	Y	Y												
Place of Birth Hospital (If not hospital, give street & number)			(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>			
Telephone No. () - - - - -		(name of client) (relationship)			
Social Security No. - - - - -		FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____			
Signature of Applicant				Date MM DD YY	
Address of Applicant Street City State Zip Code					