INSTRUCTIONS

For Copy of Marriage Record, Copy of Birth Record and Copy of Death Record

In order to complete this request, you are required to:

a. Send a $10.00 (non-refundable) money order payable to:
“Town of Mount Hope” at 1706 Route 211 West, Otisville, NY 10963.
b. Complete this form as completely as possible AND
c. Send a CLEAR photocopy of your VALID driver’s license or other valid ID.

Upon receiving all 3 of the above items, we will process your request and mail out the information to you. Please note: if we do not have the record you are requesting, we will send you a “no record” certification.

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver’s license
2. Non-driver’s license
3. Passport

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name (First, Middle, Last)	Date of Birth (M M D D Y Y 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

Purpose for Which Record is Required (Check One)

- ☐ Passport
- ☐ Social Security-Retirement
- ☐ Social Security-SSI
- ☐ Retirement
- ☐ Employment
- ☐ Working Papers
- ☐ School Entrance
- ☐ Driver's License
- ☐ Marriage License
- ☐ Welfare Assistance
- ☐ Veteran's Benefits
- ☐ Court Proceeding
- ☐ Entrance into Armed Forces
- ☐ Other (Specify) _____

APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST)

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. (___) ___-____

Social Security No. ___-___-____

Signature of Applicant — Date (MM DD YY)

Address of Applicant

Street

City State Zip Code

If attorney, give name and relationship of your client to person whose record is required

(name of client) (relationship)

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

☐ Driver's License

State ____ No. _____

☐ Other ID, specify _____

No. _____