Village of Pelham – 195 Sparks Avenue, Pelham, NY 10803

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Name _____ M _____ Last Name _____ Date of Birth _____

Place of Birth (Hospital) _____ City _____ County _____ # of Copies _____

Father's First Name _____ Last Name _____

Mother's First Name _____ Last Name (Maiden) _____

*Purpose for Which Record is Required **(Check Option Below)**:*

o Passport	o Driver's License	o Other
o Social Security	o Marriage License	(please specify):_____
o Retirement	o Welfare Assistance	_____
o Employment	o Veteran's Benefits	_____
o Working Papers	o Court Proceeding	_____
o School Entrance	o Armed Forces	

APPLICANT INFORMATION

First Name _____ M _____ Last Name _____

What is your relationship to person whose record is required? _____

_____

If attorney, give name and relationship of your client whose record is required (signed and notarized authorization letter required).

_____
Name of Client

_____
Relationship

_____
Address of Applicant

_____
City State Zip

(___)_____ _____
Telephone No. Email Address

_____ - _____ - _____
Social Security No.

_____ _____
Signature of Applicant Date

For Registrar's Use Only
(Photo Copy ID and attach to Application Form)

Type of ID:
Driver's License

_____ _____
State No.

Other ID, specify
_____

_____
No.

SUBMIT APPLICATION WITH THE FOLLOWING:

- **$10.00 per copy (Certified Check or Money Order only) payable to the "Village of Pelham".**
- **Copy of valid Photo Identification**
- **Self addressed, stamped/return envelope**