



Mary Jo Hultquist

Eden Town Clerk

2795 East Church Street
Eden, New York 14057-1280

Phone: (716) 992-3406

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APPLICATION FOR SEARCH OF BIRTH RECORD

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Check or Money Order accepted.

PLEASE PRINT OR TYPE

NAME (First) (Middle) (Last)			DATE OF BIRTH OR PERIOD TO BE COVERED BY SEARCH		
PLACE OF BIRTH Hospital (If not hospital, give street & number)			(County)		
FATHER (First) (Middle) (Last)			MAIDEN NAME OF MOTHER (First) (Middle) (Last)		
NUMBER OF COPIES DESIRED		ENTER BIRTH No. IF KNOWN		ENTER LOCAL REGISTRATION No. IF KNOWN	
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		<input type="checkbox"/> School Entrance		<input type="checkbox"/> Veteran's Benefits	
<input type="checkbox"/> Retirement		<input type="checkbox"/> Driver's License		<input type="checkbox"/> Court Proceeding	
<input type="checkbox"/> Employment		<input type="checkbox"/> Marriage License		<input type="checkbox"/> Entrance Into Armed Forces	
<input type="checkbox"/> Other (specify) _____					

What is your relationship to person whose record is required? If self, state "self" _____

If attorney: Name and Relationship of your client to person whose record is required: _____

This office requires written authorization of the person/parents whose record is requested before a search is processed:

SIGNATURE MUST BE NOTORIZED

Signature of Applicant _____

Sworn and subscribed before me

Address of Applicant _____

this _____ day of _____

Date _____

Notary Seal

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____ Zip _____