



EMILY HAWKINS

EDEN TOWN CLERK
2795 E CHURCH ST
EDEN NY 14057-1280

Phone: (716) 992-3406

Fax: (716) 992-8953

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)			(Village, Town or City)		(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	_____	