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

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 (Check or cash only) Checks to be made payable to the "Village of Pelham".**
- **Copy of valid Photo Identification**
- **Self addressed, stamped/return envelope**