

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy

Please do not send cash or stamps.

TO: **Town of Rockland**
P.O. Box 964
Livingston Manor, NY 12758

PLEASE PRINT OR TYPE

Name			Date of Birth or Period Covered by Search			
First	Middle	Last	Hospital (If not hospital, give street & number)			(County)
Place of Birth			(Village, town or city)			(County)
Father			Maiden Name of Mother			
First	Middle	Last	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, give 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 of Applicant	Date
Address of Applicant	Please print name and address where record should be sent.