

Town of North Elba

2693 Main Street, Suite 101, Lake Placid, NY 12946
Laurie C. Dudley, Town Clerk Chelsie Geesler, Deputy Clerk

Office Hours
Monday – Friday
9:00am – 5:00pm

ldudley@northelba.org
518-523-2162 Voice
518-523-9569 Fax

APPLICATION FOR A BIRTH RECORD

(PLEASE PRINT ALL ITEMS CLEARLY)

NAME ON BIRTH RECORD		
LAST:	FIRST NAME:	MIDDLE:
DATE OF BIRTH:	PLACE OF BIRTH:	MALE/FEMALE
MOTHER'S <u>MAIDEN NAME</u>		
FATHER'S NAME		

WHO IS REQUESTING THIS RECORD

SIGNATURE	PRINT NAME	
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER		
YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED? (IF SELF, STATE "SELF")		
FOR WHAT PURPOSE IS THIS INFORMATION REQUIRED?		

NO. OF COPIES	DATE	<p>\$10.00 Fee for <u>each</u> Certified Copy</p> <p>Checks made payable to: Town of North Elba or Credit Card number _____ Exp. date _____ Signature: _____ (User Fee Of \$1.75is added)</p>
<p>NOTE: Please enclose a self-addressed stamped envelope</p>		

IDENTIFICATION REQUIRED

<ul style="list-style-type: none"> *Valid photo-ID 	<ul style="list-style-type: none"> Valid photo-ID, AND Proof of relation to Applicant, AND Notarized letter authorizing the release of his or her Certificate to you
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ATTORNEY'S, PLEASE PROVIDE ON LETTERHEAD THE REASON AS TO WHY YOU REQUIRE THE ABOVE RECORD.