

The Town of Amsterdam has Birth Records for births occurring at Amsterdam Memorial Hospital during the dates of November 1963 – March 1993 or home births within the boundaries of the Town of Amsterdam.

General Instructions

- \*\*Use this application only if you are the person name on the birth certificate or that person's parents.
- \*\*Print this application, complete and sign.
- \*\*Mail application along with money order and copy of required documentation.
- \*\*Please send postage paid return envelope.

Mail to: Town of Amsterdam  
Attention Registrar  
283 Manny's Corners Road  
Amsterdam, NY 12010

Fee: The fee is \$10.00 per certified copy. Do not send cash. Make your money order payable to Town of Amsterdam.

# Application to Local Registrar for Copy of Birth Record

### CERTIFICATE INFORMATION

Name First Middle Last	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y																			
Place of Birth <small>Hospital (If not hospital, give street &amp; number)</small>	(Village, Town or City)	County																		
Father First Middle Last	Maiden Name of Mother First Middle Last																			
Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known																		
Purpose for Which Record is Required (Check One) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces	<input type="checkbox"/> Employment			<input type="checkbox"/> Other (Specify) _____		
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### APPLICANT INFORMATION

NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If attorney, give name and relationship of your client to person whose record is required <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> </table> (name of client) (relationship)												
Signature of Applicant Date <table style="margin-left: 200px;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MM</td> <td>DD</td> <td>YY</td> <td>YY</td> <td></td> <td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MM	DD	YY	YY			<h4 style="text-align: center;">FOR REGISTRAR'S USE ONLY</h4> (Photocopy ID and attach to application form) TYPE OF ID <input type="checkbox"/> Driver's License State ____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
MM	DD	YY	YY										
Address of Applicant Street _____ City _____ State _____ Zip Code _____													

(OVER)

## **TYPES OF ACCEPTABLE IDENTIFICATION**

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**