

Colony of the Arts
TOWN OF WOODSTOCK . 45 COMEAU DRIVE, WOODSTOCK NY 12498

APPLICATION FOR A COPY OF A BIRTH RECORD
PLEASE COMPLETE FORM AND ENCLOSE FEE

Please print or type.

FEE: \$10.00 PER COPY

Make checks payable to: TOWN OF WOODSTOCK

Do not send cash or stamps.

NAME (First) (Middle) (Last)	DATE OF BIRTH or Period to be covered by Search
PLACE OF BIRTH	SEX () Female () Male
FATHER (First) (Middle) (Last)	MOTHER (First) (Middle) (Last)
NUMBER OF COPIES DESIRED	ENTER BIRTH NO. if known
ENTER LOCAL REGISTRATION NO. if known	If attorney: Name and relationship of your client to persons whose marriage record is required.
What is your relationship of person whose record is requested? If self, state "SELF".	Purpose for which record is required:

This office requires written authorization of the person or parents whose record is requested before a search is processed.

Signature of Applicant _____ Date: _____
Address of Applicant _____ Phone #: _____

SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me this ____ day of _____

Notary Public

SEAL:

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____ Zip _____