

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

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**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.**

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

**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 \_\_\_\_\_