

**TOWN OF NEW HARTFORD**

Gail Wolanin Young, CMC, Registrar  
 48 Genesee Street  
 New Hartford NY 13413

**APPLICATION FOR RECORD OF BIRTH**

**OFFICE USE ONLY:**  
 DOH 2248 \_\_\_\_\_  
 DOH 2673 \_\_\_\_\_  
 Date Processed/Mailed \_\_\_\_\_  
 By Whom \_\_\_\_\_

**CHECK FORM DESIRED:**

(If none checked, short form will be issued.)

\_\_\_\_\_ CERTIFICATION (8 1/2" X 11" contains ONLY, name, date and place of birth)

\_\_\_\_\_ TRANSCRIPT (8 1/2" X 11" also includes parents' names and time of birth)

\_\_\_\_\_ ACKNOWLEDGEMENT OF PATERNITY (LDSS-4418)

BIRTH NAME	First	Middle	Last	Sex
DATE OF BIRTH	LOCAL REGISTRATION NO., IF KNOWN			
HOSPITAL (if not hospital, give street and number) PLACE OF BIRTH	TOWN OF NEW HARTFORD		ONEIDA COUNTY	
<b>NOTE; A NO RECORD CERTIFICATION will be issues if upon our search, the desired record cannot be located (Fee: \$10.00).</b>				
FATHER'S NAME (IF ON RECORD)	First	Middle	Last	
MOTHER'S MAIDEN NAME (Before Marriage)	First	Middle	Last	
PURPOSE FOR WHICH RECORD IS REQUESTED	<input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Welfare <input type="checkbox"/> Retirement <input type="checkbox"/> School Registration <input type="checkbox"/> Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Other (please 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? \_\_\_\_\_

**NOTE: Your driver's license must be provided in order to have your request processed.**

Signature of Applicant \_\_\_\_\_

NOTE: If child or parent is applying and their surname is different from when the birth record was registered, the child or parent must provide evidence of their surname change (i.e., marriage record, court order, etc.) before we will process the application.

Address of Applicant \_\_\_\_\_  
 (no PO Boxes, Business Addresses or c/o)

Phone No. (\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING  
THE APPLICATION ON THE REVERSE SIDE OF THIS FORM**

**A SELF-ADDRESSED, STAMPED ENVELOPE MUST BE FURNISHED  
IN ORDER TO PROCESS AND FORWARD THE REQUESTED RECORD**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FEE/MANNER OF PAYMENT**

Fee: \$10.00 per copy

**Money orders and cashier checks made  
Payable to the TOWN OF NEW HARTFORD.**

**Personal checks will NOT be accepted unless CERTIFIED**

**I.D. REQUIRED**

All persons requesting a birth record MUST complete the attached application.

In accordance with State rules and regulations, ALL applicants must provide the original (o photocopy if applying by mail) of ONE (1) of the following documents as proof of who they are:

- current photo Driver's license (showing physical address – no PO Boxes)
- current photo Non-Driver's license (showing physical address – no PO Boxes)
- current Military identification card
- current Passport
- Naturalization papers (NOTE: DO NOT PHOTOCOPY – IT IS A FEDERAL CRIME TO PHOTOCOPY THIS DOCUMANT. THE ORIGINAL MUST BE PRESENTED)
- current employer's photo identification card (must contain employee's name, date of birth, signature and evidence that the I.D. card is current)
- two (2) current and different utility bills issued and showing the applicant's name and address, together with the cancelled checks for payment of the bills or the bills stamped "paid"

NO OTHER DOCUMENTS WILL BE ACCEPTED AS IDENTITY.