

Submit completed form to Town Clerk of Brant with
\$10.00 Check or Money order payable Town of Brant

CERTIFICATE INFORMATION

Name First Middle Last			Date of Birth <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> </table>									M	M	D	D	Y	Y
M	M	D	D	Y	Y												
Place of Birth Hospital (if not hospital, give street & number)			(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
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Purpose for Which Record is Required (Check One)

<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) _____		

APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required			
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>			
Telephone No. () - - - - -		(name of client) (relationship)			
Social Security No. - - - - -					

Signature of Applicant		Date MM DD yy yy	
Address of Applicant Street City State Zip Code		<p>FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> <p>TYPE OF ID <input type="checkbox"/> Driver's License State _____ No _____</p> <p><input type="checkbox"/> Other ID, specify _____ No _____</p>	

Mail completed form & \$10.00 payment to:
Town Clerk, Town of Brant, PO Box 228, Brant, NY 14027

(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

Enclose a check or money order for \$10.00 to Town Clerk payable to Town Of Brant

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