

Information Page - Application for Copy of Birth Certificate

General Instructions

- Use this application only if you are the person named on the birth certificate (self) or the parents of said person.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign. Signature(s) must be notarized.
- Mail the completed application, copy of your identification, any required documentation, along with payment to: Lockport Town Clerk; 6560 Dysinger Rd.; Lockport NY 14094.

Identification requirements – Application *must* be submitted with copies of either A or B:

Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:

- Driver's License
- Non-Driver Photo ID Card
- Passport
- Other government issued photo-ID

B. Two (2) of the following showing the applicant's name and address:

- Current utility or telephone bills – *must be dated within 30 days*.
- Letter from a government agency dated within the past 6 months.

Fees

- Cost is \$10.00 for each certified copy.
- Payments accepted: money order or cashier's check payable to "Lockport Town Clerk".
- Personal checks **drawn on banks within our locale only**.
- If no record is on file, a "**No Record Certification**" will be issued and the fee returned.

Town of Lockport
Vital Records

Application for Copy of Birth Certificate

CERTIFICATE INFORMATION

Name _____
 First Middle Last

Date of Birth _____ / _____ / _____

Place of Birth _____
*Note: if born in Lockport Memorial Hospital -
The birth record is filed with the City of Lockport*

Mother _____
 First Middle Maiden

Father _____
 First Middle Last

APPLICANT INFORMATION

Your Name _____

Your Relationship to person on record _____

*If attorney, give name and relationship
of your client to person on record*
(enclose copy of authorization) _____

Your Phone number (____) ____ - _____

Your Social Security Number _____ - ____ - _____

Purpose for requesting record _____

Signature of applicant _____

STATE OF _____
COUNTY OF _____

Subscribed and sworn to (or affirmed) before me
this _____ day of _____, _____
by _____ whose identity I
proved on the basis of _____.

(notary signature)

(stamp/seal here)

Applicant's Address _____

Today's Date _____ / _____ / _____

MAILING INFORMATION

Number of Copies requested: _____ Payment enclosed: \$ _____

A fee of \$10.00 applies for each copy. Enclose money order or check (drawn on bank in our locale only)

Name/address where record is to be sent: _____

