

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_