

**Town of KEENE**

10892 NYS Route 9N

Keene, NY 12942

**APPLICATION FOR A BIRTH RECORD**

(PLEASE PRINT ALL ITEMS CLEARLY)

NAME ON BIRTH RECORD		
LAST:	FIRST NAME:	MIDDLE:
DATE OF BIRTH:	PLACE OF BIRTH:	MALE/FEMALE
MOTHER'S <b>MAIDEN NAME</b>		
FATHER'S NAME		

**WHO IS REQUESTING THIS RECORD**

SIGNATURE	PRINT NAME	
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER		
YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED? (IF SELF, STATE "SELF")		
FOR WHAT PURPOSE IS THIS INFORMATION REQUIRED?		

NO. OF COPIES	DATE	<b>\$10.00 Fee</b> for <u>each</u> Certified Copy Checks made payable to: Town of Keene
<b>NOTE:</b> Please enclose a self-addressed stamped envelope		

**IDENTIFICATION REQUIRED**

<ul style="list-style-type: none"><li>*Valid photo-ID</li></ul>	<ul style="list-style-type: none"><li>Valid photo-ID, <b>AND</b></li><li>Proof of relation to Applicant, <b>AND</b></li><li>Notarized letter authorizing the release of his or her Certificate to you</li></ul>
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**ATTORNEY'S, PLEASE PROVIDE ON LETTERHEAD THE REASON AS TO WHY YOU REQUIRE THE ABOVE RECORD.**