

Town of Keene
PO Box 245
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 <u>MAIDEN NAME</u>		
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	\$10.00 Fee for <u>each</u> Certified Copy Checks made payable to: Town of Keene
NOTE: Please enclose a self-addressed stamped envelope		

IDENTIFICATION REQUIRED

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