

Certificate Information

First Middle Last			Date of Birth			
Name			M M		D D	
Hospital(if not hospital, give street & number) Place of Birth			(Village, Town or City)		County	
First Middle Last			First Middle Last			
Father			Maiden Name Of Mother			
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known		
Purpose for Which Record is Required (Check One)						
<input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License		<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces		

Applicant Information

First Middle Last			In attorney, give name and relationship of your client to person whose record is required			
Name						
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____						
Telephone # (____) _____ - _____ Social Security # _____ - _____ - _____						
Signature of Applicant			<p>For Registrar's Use Only (Photocopy ID and attach to application form)</p> Type OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____			
Date						
Address of Applicant						
Street						
City State Zip Code						

Complete form and mail with a copy of the applicant's driver's license or picture identification and a check payable to the Town of Bedford for \$10 per copy requested. Mail to:

Town Clerk, Town of Bedford
 321 Bedford Road
 Bedford Hills, NY 10507