

**TOWN OF SOMERSET  
REGISTRAR OF VITAL STATISTICS  
P.O. BOX 368  
BARKER, NY 14012-0368**

**APPLICATION FOR A COPY OF A BIRTH RECORD**

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

**PLEASE PRINT OR TYPE**

FEE: \$10.00 PER COPY

Make checks payable to: **Tracy L. Carmer, Town Clerk** Do not send cash

(First) (Middle) (Last)		DATE OF BIRTH or Period To Be Covered by Search			
NAME					
Hospital (if not hospital, give street and number)		(Village, Town, City)	(County)		
PLACE OF BIRTH					
(First) (Middle) (Last)		MAIDEN NAME (First) (Middle) (Last) OF MOTHER			
FATHER					
NO. OF COPIES DESIRED	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"/> Working Papers	<input type="checkbox"/> Welfare Assistance
		<input type="checkbox"/> Social Security		<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
		<input type="checkbox"/> Retirement		<input type="checkbox"/> Marriage License	<input type="checkbox"/> Court Proceeding
		<input type="checkbox"/> Employment		<input type="checkbox"/> Entrance into Armed Forces	
		<input type="checkbox"/> Driver's License		<input type="checkbox"/> Other (Specify) _____	

What is your relationship to person whose record is required? If self, state "self" \_\_\_\_\_

If attorney, give name and relationship of your client to person whose record is required: \_\_\_\_\_

***This office requires written authorization of the person or parents whose record is requested before a search is processed.***

Signature of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Please print name and address where record should be sent:	
Name _____	
Address _____	
City _____ State _____ Zip _____	

Notary Public

SEAL: