

## Instructions to Request a Certified Birth Certificate by Mail

Please complete the Birth Certificate Application

Enclose a copy of your Photo ID. Acceptable forms of identification are:

1. Driver's License
2. Non-driver's License
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police Report of lost or stolen ID

Enclose a money order in the amount of \$15.00 per copy. Please make money order payable to "Oswego City Clerk."

Send the application, copy of photo ID and the money order to:

Oswego City Clerk's Office  
13 West Oneida Street  
Oswego, New York 13126

# Application to Local Registrar for Copy of Birth Record


## CERTIFICATE INFORMATION

Name First Middle Last			Date of Birth <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> </table>										M	M	D	D	Y	Y
M	M	D	D	Y	Y													
Place of Birth Hospital (If not hospital, give street & number)			(Village, Town or City)			County												
Father First Middle Last			Maiden Name of Mother First Middle Last															
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"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

## APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required  <table border="1"> <tr> <td> </td> <td> </td> </tr> </table> (name of client) (relationship)		
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____				
Telephone No. ( ) - -				
				
Signature of Applicant	Date MM DD YY			
Address of Applicant Street City State Zip Code				
<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)				
TYPE OF ID				
<input type="checkbox"/> Driver's License State _____ No. _____				
<input type="checkbox"/> Other ID, specify _____ No. _____				