

Request for Birth Record Copy

Town of Morristown, Morristown, NY

Please Fill Out Completely

Please Print

Name at Birth

Date of Birth

Last First Middle

Month Day Year

Father's Name

Maiden Name of Mother

Check purpose for which record is required

School Entrance

Welfare Assistance

Passport/Travel

Employment

Social Security

Driver Permit/License

Other _____

Number of Copies needed (\$10.00 per copy) _____

Gov. Use Copies Needed _____

(Must supply documentation from Government Agency that is requesting certificate in order to obtain free copy)

Relationship to applicant? _____
(if self, state self)

Signature of Applicant: _____ Date _____

Day Time Phone #: _____

Address where birth record should be sent:

Morristown Town Clerk's Office, PO Box 240, Morristown, NY 13664 (315) 375-6510

Email: clerk@townofmorristownny.org

\$10.00 per copy Photo ID required

Local check or Money Order