

All requests for copies of Birth, Death, and Marriage records **MUST** be accompanied by acceptable copies of ID and a check for **\$10 made out to the Town of Rossie.**

It is helpful for you to include a contact phone or email in case there are any questions regarding your request.

Please contact the Town Clerk with any questions

(315) 324-5166

Clerk@rossieny.org

**CERTIFICATE INFORMATION**

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
Place of Birth <small>Hospital (If not hospital, give street &amp; number)</small>			(Village, Town or City)		County
Father			Maiden Name of Mother		
First	Middle	Last	First	Middle	Last

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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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

What is your relationship to person whose record is required?

Self  Parent  Other, specify \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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

_____	_____
(name of client)	(relationship)

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

Date

MM DD YY

Address of Applicant

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FOR REGISTRAR'S USE ONLY**

(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License

State \_\_\_\_\_ No. \_\_\_\_\_

Other ID, specify \_\_\_\_\_

No. \_\_\_\_\_

**TYPES OF ACCEPTABLE IDENTIFICATION**

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

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**

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