



# TOWN OF JAY

## Office of the Town Clerk

Carol Greenley Hackel  
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P.O. Box 730, 11 School Lane  
Au Sable Forks, NY 12912

Telephone: (518) 647-2204  
Fax: (518) 647-5692

### APPLICATION FOR A BIRTH RECORD

(Please print all items clearly)

Name on Birth Record:		
Last:	First:	Middle:
Date of birth:	Place of birth:	Gender at birth:
Mother's Maiden Name:		
Father's Name:		

### WHO IS REQUESTING THIS RECORD?

Print Name:	Signature:
Street Address:	
City/State/Zip:	
Daytime Telephone Number:	
Your relationship to person whose record is requested? If self, state "self".	
For what purpose is this information required?	

No. of Copies: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Note:</b> Please enclose a self-addressed, stamped envelope.</p>	<p><b>\$10.00 Fee for <u>each</u> Certified Copy</b> Make checks payable to: Town of Jay</p>
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### Identification Required

<p><b>If requesting for self:</b></p> <ul style="list-style-type: none"> <li>• Valid photo ID</li> </ul>	<p><b>If requesting for someone else:</b></p> <ul style="list-style-type: none"> <li>• Valid photo ID</li> <li>• Proof of relation to applicant</li> <li>• Notarized letter authorizing release of certificate to you</li> </ul>
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**Attorney's- Please provide, on letterhead, the reason as to why you are requesting the above record.**