

Application for Copy of Birth Certificate

**The Fee is \$10 per copy. Make Check or Money Order payable to Village of Cold Spring.
Required ID must be included with the application.**

Please send all applications or bring in person to:

Village of Cold Spring	(845) 265-3611 - phone
85 Main St.	(845) 265-1002 - Fax
Cold Spring NY 10516	

Applications may be mailed or brought to above address. Please do not mail cash.

Name (as listed on Birth Certificate):			Date of Birth:		
First	Middle	Last	(mm/dd/yy)		
Village where birth occurred:			Name of Hospital where birth occurred:		
Maiden Name of Mother (as listed on birth certificate)			Birth Certificate No. (if known)		
First	Middle	Last	_____		
Father (as listed on birth certificate):			Local Registration No. (if known)		
First	Middle	Last	_____		
Purpose for which Record is required:			Number of Copies Requested:		
<input type="checkbox"/> Passport <input type="checkbox"/> Employment <input type="checkbox"/> Drivers License <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Social Security <input type="checkbox"/> Working Papers <input type="checkbox"/> Marriage License <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Retirement <input type="checkbox"/> School Entrance <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Entrance in Armed Forces			_____		
<input type="checkbox"/> Other (specify): _____					
What is your relationship to person whose record is required?			If attorney, give name and relationship of your client to person whose record is required:		
Signature of Applicant:					
_____ Date: _____					
Address of Applicant (please print):			Please Print or Type the name and address where your record should be sent:		
_____			_____		
(Name)			(Name)		
_____			_____		
(address)			(address)		
_____			_____		
(city)		(state)		(zip)	
_____		_____		_____	
(city)		(state)		(zip)	