



Supervisor: (845) 688-7165  
 Police: (845) 688-9902  
 Town Clerk: (845) 688-5004  
 Justice Court: (845) 688-5005  
 Assessor: (845) 688-5003  
 ZBA/ZEO/Planning: (845) 688-5008  
 Highway: (845) 688-9901  
 Fax: (845) 688-2041

*"The Heart of the Park...Where the Eagle Soars"*

Town of Shandaken P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480 [www.shandaken.us](http://www.shandaken.us)

Joyce Grant – Town Clerk [shandakenclerk@yahoo.com](mailto:shandakenclerk@yahoo.com) 845-688-5004

**Certified Copy of birth certificate, within 75 years of application can be obtained by only:**

- the person named on birth certificate – if 18 years of age or older
- the parents of the person named on the birth certificate
- to the lawful representative of the person named or of the parents of the person named on the certificate
- to a person with a New York State Court Order
- Commissioner of Health or
- To a municipal, state, or federal agency for official purposes.

**Cost \$22 per copy.**

**Copy of ID must be provided with notarized signature below.**

I request \_\_\_\_\_ copy (copies) of the following

Name on Birth Certificate \_\_\_\_\_ Date of Birth \_\_\_\_\_

Send check or money order in the amount of \$22 for each copy made payable to "Shandaken Town Clerk" and mail to PO Box 67, Shandaken, NY 12480

Address to send copies \_\_\_\_\_  
 \_\_\_\_\_

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

**Signature Must Be Notarized**

State of \_\_\_\_\_ ]  
 } ss.

County of \_\_\_\_\_ ]

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

Seal:

\_\_\_\_\_  
 Notary Public

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name First Middle Last	Date of Birth M M D D Y Y 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 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. ( ) _____ Social Security No. _____ Signature of Applicant _____ Date M M D D Y Y _____ Address of Applicant Street _____ City _____ State _____ Zip Code _____	If attorney, give name and relationship of your client to person whose record is required _____ (name of client) (relationship)  <b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form) <b>TYPE OF ID</b> <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
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