



*"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

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

**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 \$10 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 \_\_\_\_\_ ]  
County of \_\_\_\_\_ } ss.

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

Seal:

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

## Application to Local Registrar for Copy of Birth Record

### CERTIFICATE INFORMATION

First Middle Last			Date of Birth		
Name			<div style="display: flex; justify-content: space-between;"> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>		
Place of Birth			County		
Hospital (If not hospital, give street & number)			(Village, Town or City)		
First Middle Last			First Middle Last		
Father			Maiden Name of Mother		
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		If attorney, give name and relationship of your client to person whose record is required	
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. ( ) - - - - -		(name of client) (relationship)	
Social Security No. - - - - -			
Signature of Applicant		Date	
		<div style="display: flex; justify-content: space-between;"> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div>	
Address of Applicant		<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)	
Street		<b>TYPE OF ID</b> <input type="checkbox"/> Driver's License	
City		State No.	
State		<input type="checkbox"/> Other ID, specify	
Zip Code		No.	