

<b>\$10.00 per certified copy or No Record Certification</b>																			
<b>Identification Requirements:</b> Application <i>must</i> be submitted with copies of either A or B. (Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.) A. One (1) of the following forms of valid <b>photo-ID</b> : <b>-OR-</b> B. Two (2) of the following showing the applicant's name and address: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Driver license</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>U.S. military issued photo-ID</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the last six (6) months</li> </ul> </td> </tr> </table>				<ul style="list-style-type: none"> <li>Driver license</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>U.S. military issued photo-ID</li> </ul>	<ul style="list-style-type: none"> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the last six (6) months</li> </ul>														
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Name: <i>(as listed on birth certificate)</i>			Date of Birth:																
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>																
Town, city or village where birth occurred:		Name of hospital where birth occurred: <i>(If known)</i>																	
Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>																
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>																	
Father: <i>(as listed on birth certificate)</i>			Number of Copies Requested:																
<i>First</i>	<i>Middle</i>	<i>Last</i>																	
Purpose for which Record is Required: <i>(Check one)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Driver license</td> <td><input type="checkbox"/> Veteran's benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Marriage license</td> <td><input type="checkbox"/> Court proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> School entrance</td> <td><input type="checkbox"/> Welfare assistance</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other <i>(specify)</i> _____</td> </tr> </table>				<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver 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 into Armed Forces	<input type="checkbox"/> Other <i>(specify)</i> _____			
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<b>If request is not from child/parents named on the requested certificate, notarized authorization is required.</b>																			
What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>		If attorney, give name and relationship of your client to person whose record is required:																	
Signature of Applicant:		Date Signed:																	
		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Month</td> <td style="text-align: center; border-bottom: 1px solid black;">Day</td> <td style="text-align: center; border-bottom: 1px solid black;">Year</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		Month	Day	Year													
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Address of Applicant:  _____ <i>(Applicant's Name)</i>  _____ <i>(Street)</i>  _____ <i>(City)</i> _____ <i>(State)</i> <i>(Zip)</i>  Telephone No.: (     ) _____		<b>FOR REGISTRAR'S USE ONLY</b>																	
		<i>(Photocopy ID and attach to application form)</i>																	
		Type of ID:																	
		<input type="checkbox"/> Driver License																	
		Issuing state: _____																	
		Expiration date: _____																	
Number: _____																			
<input type="checkbox"/> Other ID, Specify																			
Number: _____																			
Type: _____																			
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Type: _____																			

## **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**

**Fee: \$10.00 per copy. Checks made payable to: Town of Tupper Lake**

Mail completed applications, copy of acceptable identification and fee to:  
Town of Tupper Lake  
Attn: Town Clerk  
120 Demars Blvd.  
Tupper Lake, NY 12986