Town of Bedford - 914.666.4534
bedfordny.gov

Application to Local Registrar for Copy of Birth Record (Submit to Town Clerk)

Certificate Information

First Middle Last Name	Date of Birth __ __ __ __ __ __ __ __ M M D D Y Y Y Y
Hospital(if not hospital, give street & number) Place of Birth	(Village, Town or City) / County
First Middle Last Father	First Middle Last 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)

☐ Passport ☐ Social Security-Retirement ☐ Social Security-SSI ☐ Retirement ☐ Employment ☐ Other (Specify)_____	☐ Working Papers ☐ School Entrance ☐ Driver's License ☐ Marriage License	☐ Welfare Assistance ☐ Veteran's Benefits ☐ Court Proceeding ☐ Entrance into Armed Forces

Applicant Information

First Middle Last
Name

What is your relationship to person whose record is required?
☐ Self ☐ Parent ☐ Other, specify_____

Telephone #(__ __ __) __ __ __ - __ __ __ __

Social Security # __ __ __-__ __-__ __ __ __

In attorney, give name and relationship of your client to person whose record is required

_____ (Name of Client) _____ (Relationship)

Signature of Applicant
_____

Date ___ ___ ___ ___ ___ ___
M M D D Y Y

Address of Applicant
_____
Street
_____
City State Zip Code

For Registrar's Use Only

(Photocopy ID and attach to application form)

Type OF ID

☐ Driver's License
State _____ No. _____

☐ Other ID, specify
_____

No. _____

Complete form and mail* with a copy of the applicant's driver's license or picture identification and a check payable to the Town of Bedford for $10 per copy requested. Mail to:

Town Clerk, Town of Bedford
321 Bedford Road
Bedford Hills, NY 10507

*** all mailed requests must have the applicant signature NOTARIZED**