



INSTRUCTIONS FOR COMPLETING BIRTH CERTIFICATE APPLICATION

1. Please complete the ENTIRE form, both the “CERTIFICATE INFORMATION” (this is the information for the individual whose certificate you are requesting), as well as the “APPLICANT INFORMATION” (This is the information for the individual who is requesting a copy of the certificate – you do not need to provide your Social Security No.)
2. You must provide a copy of one valid form of identification such as:
 - Driver’s License
 - State Issued Non-Driver’s License
 - Passport
 - Naturalization Papers
 - Military ID
 - Employer’s Photo ID
 - TWO utility bills, showing applicant’s name and address
 - Police report of lost or stolen ID

***If proper identification is not provided, we will be unable to issue the certificate.**

3. Provide payment in the form of check or cash. The fee is \$10 per certified copy. Make checks payable to: **Village/Town of Mount Kisco.**
4. Mail all three (3) items to: (We cannot accept email or faxes applications)

Village/Town of Mount Kisco
Attn: Vital Records
104 Main Street
Mount Kisco, NY 10549

If you have any questions, please do not hesitate to contact the Vital Records Department at (914) 864-0014.

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
Place of Birth			(Village, Town or City)		County
Hospital (If not hospital, give street & number)					
Father			Maiden Name of Mother		
First	Middle	Last	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"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____					
<input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License					
<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces					

APPLICANT INFORMATION

NAME		If attorney, give name and relationship of your client to person whose record is required
FIRST	MIDDLE	
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		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)
Date		
MM DD YY		TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____
Address of Applicant		
Street		
City State Zip Code		