Application for Copy of Birth Record

Instructions

- Complete a separate application for each record requested.
- Use this application to mail your request.
- Use this application if you are the person named on the birth certificate or if you are that person's parent.
- Use this application if the birth occurred in the Town of Covert, New York State. **Do not** use this application if the birth occurred in anywhere else in the State of New York.
- Do not use this application for genealogy requests.

Enclose These Documents and Payment With Your Application

Required Identification. You must send your application with copies of documents from List A or List B.

Note: You need to include a copy of your passport if the request is made from a foreign country that requires a U.S. Passport for travel.

List A

Send a copy of 1 of the documents listed below. The document must include your photo and signature. It must also be current (not expired):

- Driver license
- Non-driver ID Card
- Passport
- Other government issued photo-ID

List B

If you do not have one of the documents in List A, send copies of 2 documents from List B. Each document should show your name and address.

- Utility bill
- Telephone bill
- Letter from a government agency dated within the last 6 months

Fees: If no birth record is on file, you will receive a document stating this. The document is called a No Record Certification. Your application fee will not be refunded.

- The total fee for one copy is \$10. Total for 2 copies is \$20., etc.
- Send check or money order payable to the Covert Town Clerk. **Do not send cash.**

Note: Payment submitted from foreign countries must be made by a check drawn on a U.S. bank or by international money order. Do not send cash.

How to Mail the Application

• FOR CREDIT/DEBIT CARD PAYMENT:

USE THIS LINK
ON OUR

PAYMENT SYSTEMS
WEBSITE: WWW.TOWNOFCOVERT.ORG

*2.75% FEE WILL APPLY
\$1.75 MINIMUM PER TRANSACTION

 Mail or Email application along with check or money order and a copy of the required documentation (see below). Send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

> Town of Covert Town Clerk PO Box 265 Interlaken, NY 14847

• Be sure to sign the form before mailing and include a check or money order made payable to the Covert Town Clerk along with copies of the required identification.

Application for Copy of Birth Record

Required ID documents must be sent with this application. Also enclose a check or money order payable to the Covert Town Clerk. Include notarized statement (if required). Be sure to sign the form.

FOR CREDIT/DEBIT CARD PAYMENT: USE THIS LINK ON OUR PAYMENT SYSTEMS WEBSITE: WWW.TOWNOFCOVERT.ORG *2.75% FEE WILL APPLY \$1.75 MINIMUM PER TRANSACTION	Certified copy processing by mail: Enclose \$10.00 per copy. If no record is found, your fee will not be refunded. Send to: Town of Covert Town Clerk PO Box 265 Interlaken, NY 14847
Name: (as listed on birth certificate) First Middle Last	Date of Birth: mm / dd /yyyy
Town, City or Village Where Birth Occurred:	Birth Certificate Number: (If known)
Name of Hospital Where Birth Occurred: (If known)	Local Registration Number: (If known)
Birth/Pre-marriage Name of Mother/Parent: (As listed on Birth Certifica First Middle Last Father/Parent: (As listed on Birth Certificate) First Middle Last	te)
Reason for Requesting the Record: (Check one) Passport	e Court Proceeding
Copy of Certificate of Birth Data for Foreign-born, Adopted Child. Specify Country:	Certificate "A" Number (If known)
What is your relationship to person whose record is required? (If self, st	ate "Self".)
If you are an attorney, give name and relationship of your client to perso	on whose record is required:
The person/parent requesting information MUST complete and sign t	he box below.
Applicant Name Print	Certifed Copy: \$10.00 x Copies = \$
Signature Date Signed mm / dd /yyyy	Name and address where record should be sent. (If delivery is to a P.O. Box, or to a third party, you must enclose: a notarized statement signed by the applicant AND a copy of the applicant's driver's license.)
Address Street	Name Print
City State Zip	Address Street
Telephone Number: ()	City State Zip