

**Information Page - Application for Copy of Birth Certificate**

**General Instructions**

- Use this application only if you are the person named on the birth certificate (self) or the parents of said person.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign. Signature(s) must be notarized.
- Mail the completed application, copy of your identification, any required documentation, along with payment to: City of Lockport Clerk; One Locks Plaza.; Lockport NY 14094.

**Identification requirements – Application *must* 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 photo-ID:

- Driver's License
- Non-Driver Photo ID Card
- Passport
- Other government issued photo-ID

B. Two (2) of the following showing the applicant's name and address:

- Current utility or telephone bills – *must be dated within 30 days*.
- Letter from a government agency dated within the past 6 months.
- Other valid photo identification

**Fees**

- Cost is \$10.00 for each certified copy.
- Payments accepted: money order or cashier's check payable to "City of Lockport Clerk".
- Personal checks **drawn on banks within our locale only or wait three (3) weeks to allow time for the check to clear the bank.**

**CERTIFICATE INFORMATION**

**Name** \_\_\_\_\_  
                    First                    Middle                    Last

**Date of Birth**    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**Mother** \_\_\_\_\_  
                    First                    Middle                    Maiden

**Father** \_\_\_\_\_  
                    First                    Middle                    Last

**APPLICANT INFORMATION**

**Your Name** \_\_\_\_\_

**Your Relationship to person on record** \_\_\_\_\_

*If attorney, give name and relationship of your client to person on record*  
*(enclose copy of authorization)* \_\_\_\_\_

**Your Phone number**                   (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Your Social Security Number**       \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Purpose for requesting record** \_\_\_\_\_

*Signature of applicant* \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

(notary signature)

(stamp/seal here)

Subscribed and sworn to (or affirmed) before me  
this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_ whose identity I  
proved on the basis of \_\_\_\_\_.

**Applicant's Address** \_\_\_\_\_

**Today's Date**                   \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**MAILING INFORMATION**

**Number of Copies requested:** \_\_\_\_\_ **Payment enclosed:** \$ \_\_\_\_\_

*A fee of \$10.00 applies for each copy. Enclose a money order.*

**Name/address where record is to be sent:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_