

TOWN OF FRANKFORT
APPLICATION FOR COPY OF BIRTH RECORD

Registrar of Vital Statistics
Town of Frankfort
201 Third Ave.
Frankfort, NY 13340

Fee: \$10 per copy
Make checks payable to
Town of Frankfort
Please do not send cash

PLEASE COMPLETE FORM (PRINT OR TYPE) & ENCLOSE FEE

First Name	Middle	Last	Date of Birth or Period to be Covered by Search		
Place of Birth (Address)			Frankfort	Circle One:	Village or Town
Father's Name			Maiden Name of Mother		

Purpose for Which Record is Required: _____

Number of Copies Requested _____ at \$10 each.

What was your relationship to person whose record is required? _____

If attorney, name and relationship of your client to person whose record is required? _____

Signature of Applicant _____ Date _____

Address of Applicant _____

PLEASE PRINT NAME & ADDRESS WHERE RECORD SHOULD BE SENT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

**This office requires written authorization of the person/parents
whose record is requested before a search is processed.

**YOU MUST SUBMIT COPY OF DRIVER'S LICENSE OR OTHER
FORM OF IDENTIFICATION WITH REQUEST**