

Vital Records Section

<b>Required ID must be included with application.</b>																	
FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps. Payable to the Village of Medina																	
Name: (as listed on birth certificate)	Date of Birth:																
<i>First</i> <i>Middle</i> <i>Last</i>	<i>(mm /dd /yyyy)</i>																
Town, city or village where birth occurred:	Name of hospital where birth occurred: (If known)																
Maiden Name of Mother : (as listed on birth certificate)	Birth Certificate No.:																
<i>First</i> <i>Middle</i> <i>Maiden Last</i>	<i>(If known)</i>																
Father: (as listed on birth certificate)	Local Registration No.:																
<i>First</i> <i>Middle</i> <i>Last</i>	<i>(If known)</i>																
	Number of Copies Requested:																
	Standard Size: _____ Wallet Size: _____																
Purpose for which Record is Required: (Check One) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Welfare Assistance</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>		<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Entrance into Armed Forces	<input type="checkbox"/> Other (specify) _____			
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What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, name and relationship of your client to person whose record is required:																
<b>This office requires written authorization of the person/parents whose record is requested.</b>																	
Signature of Applicant:	Date Signed:																
Address of Applicant _____ ( <i>Applicant's Name</i> ) _____ ( <i>Street</i> ) _____ ( <i>City</i> )                                  ( <i>State</i> )                                  ( <i>Zip</i> ) Telephone No.: (      ) _____	Please print or type the name and address where record should be sent: (If delivery is to a P.O. Box or third party, you must submit with this application a <b>notarized</b> statement signed by the applicant and a copy of the applicant's drivers license.) _____ ( <i>Applicant's Name</i> ) _____ ( <i>Street</i> ) _____ ( <i>City</i> )                                  ( <i>State</i> )                                  ( <i>Zip</i> )																

Village of Medina  
 119 Park Avenue  
 Medina, NY 14103