Vital Records Section

Required ID must be included with application.				
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:
First Middle Last			(mm/dd/yyyy)	
Town, city or village where birth occurred:	of hospital where bir	th occurred: (If kno	own)	
Maidan Nana at Mathan (an listed on hinth		Birth Certificate N		
Maiden Name of Mother: (as listed on birth of		(If known)		
			Local Registration No.:	
Father: (as listed on birth certificate)	Maiden	Last	(If known)	
ather. (as listed on birth certificate)		Number of Copies Requested:		
First Middle	Las	st	Standard Size:	Wallet Size:
Purpose for which Passport		mployment	Driver's License	Veteran's Benefits
Record is Required: Social Security		orking Papers	Marriage Licens	e Court Proceeding
(Check One) Retirement		chool Entrance	Welfare Assista	
Other (specify			•	Armed Forces
What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney,	name and relationship of y	your client to person wh	nose record is required:
required: (if self, state SEE .)				
This office requires written authorization of the person/parents whose record is requested.				
Signature of Applicant:		Date Signed:		
Address of Applicant		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 the application a notarized statement signed by the applicant and a copy of the applicant's driver's license.)		
(Applicant's Name)				
(Street)		(Applicant's Name)		
(City) (State)	(Zip)	(Street)		
Telephone No.: ()				
[(City)	(State)	(Zip)