

Hudson City Clerk  
City Hall  
520 Warren Street  
Hudson, NY 12534

Application to Local Registrar  
for Copy of Birth Record

**Fee:** \$10.00 per copy payable with money order to City of Hudson

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

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID
- Utility or telephone bills (recent bills)
- Letter from a government agency dated within the last six (6) months

Name: (as listed on birth certificate)			Date of Birth:
First	Middle	Last	(mm / dd / yyyy)

Town, city or village where birth occurred:	Name of hospital where birth occurred: (If known)
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Maiden Name of Mother: (as listed on birth certificate)	Local Registration No.: (If known)
First	Maiden Last

Father: (as listed on birth certificate)	Number of Copies Requested:
First	
Middle	
Last	

Purpose for which Record is Required: (Check one)

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver 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) _____			

What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:
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Signature of Applicant:  ➤	Date Signed: Month Day Year <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)
Address of Applicant:  (Applicant's Name)  (Street)  (City) (State) (Zip)  Telephone No.: ( )	Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____				