

Send request to:

Susan Haag, Town Clerk, Registrar Town of Austerlitz PO Box 238 Spencertown, New York 12165

Required ID must be included with application (see instructions). Make check or money order payable to the Austerlitz Town Clerk

								I=			
Name (as recorded on birth license):									Date of Birth:		
First	Middle		Last		mm/dd/yyyy						
Town where birth o	ccurred:	Address o	where birth	occurred:							
Austerlitz											
		Street			Town		State	Zip			
Mother's Inform	nation										
Maiden Name of M					Birth Certifi (if known)	icate #:					
First	Middle		Maiden La	ıst				1			
Father's Informa						Dr. B	100				
Name of Father (as listed on birth certificate):								Local Regist	tration #:		
First	Middle		Last								
Purpose for Wh		Required:	Lust	11-11	T E	III A N	i W e i i	3 To 17 17 17 17 17 17 17 17 17 17 17 17 17			
Purpose for Which Record is Required: (Check One) Passport			Emn	lovment	Driver	s License	Vete	ran's Benefilts	e		
(Check One)				Employment Working Papers		ge LicenseWelfare Assistance					
		Retirement		School Entrance		Court ProceedingEntrance into Armed Force					
	Oth	Other (specify)									
				=							
What is your relatic	onship to persor	n whose reco	rd is required	? (If self, state	"SELF".)						
If attorney, give nar	ne and relation	ship of your	client to perso	on whose reco	rd is required	:					
,,,0		. ,	•		,						
This office requires						ted.	- 14 - 14				
Signature of Applicar	int:	Date Sign	ed:	Search Fee: \$10.00		Certificat		on Fee: \$10.00			
			1111	-	ć10.00 V			Search Fee	\$10.00		
		mm,	/dd/yyyy		\$10.00 X		Add'l certified copies		*		
Address of Applican	+=>			+ First certif	ied conv is in	cluded in se		Total:			
Addiess of Applicants				* First certified copy is included in search fee If record is sent to a different name and address:							
(Applicant's Name)					cite to a dire	remember o		•			
				(Name)							
(Street)											
				(Street)							
(City)		(State)	(Zip)					(2)			
Telephone Number	:			(City)				(State)	(Zip)		