

# TOWN OF CONSTANTIA

PO Box 222  
14 Frederick Street  
Constantia, New York 13044

Town Clerk's Office  
(315) 623-9206



I hereby request a copy of the following Birth Certificate:

Name of Individual: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Date of Birth: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Maiden Name of Mother: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Purpose for Which Record if Required: \_\_\_\_\_

What was your relationship? \_\_\_\_\_ In what capacity are you acting? \_\_\_\_\_

Your Name and Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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## **For Mail Requests ONLY: THIS FORM MUST BE NOTARIZED!**

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared: \_\_\_\_\_  
To me know to be the individual described in, and who executed the foregoing instrument, and acknowledged  
that he/she executed the same.

Notary Signature: \_\_\_\_\_

- Documents proving your relationship
- Copy of photo ID (Driver's License, etc.) must be enclosed with this form.
- Along with a self-addressed stamped envelope

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**Remit \$15.00 Cash, Check or Money Order for each document Payable to Constantia Town Clerk**

For Office Use:                      Book: \_\_\_\_\_ Volume: \_\_\_\_\_ Page: \_\_\_\_\_

Date Mailed/Given to Applicant: \_\_\_\_\_