



4949 Lake Shore Drive, PO Box 7
Bolton Landing, NY 12814
Phone: (518) 644-2444 Fax: (518) 644-2476
email: townclerk@town.bolton.ny.us

Birth Certificates

A birth certificate for an individual born in the Town of Bolton may be obtained in person at the Town of Bolton Clerks Office or by mail using the attached form.

A copy of a birth certificate for an individual who was not born in the Town of Bolton may be obtained from the city/town/village clerk where the individual was born. If you are unable to determine where the individual was born, a copy may be requested from the New York State Department of Health at: www.health.state.ny.us/vital_records

A certified copy of a birth certificate may be issued only to:

- A person with a New York State Court Order
- The person named on the birth certificate, if 18 years of age or older
- One or both parents of the person named on the birth certificate
- The child's legal guardian, with proper documentation, if the child is younger than 18
- The lawful representative of the person named, or the parents of the person named on the birth certificates
- The Commissioner of Health or a municipal, state, or federal agency when needed for official purposes

A certification of birth may be issued to:

- The person named in the birth certificate, if under 18 years of age
- A person over 18 years of age, if a certification is what they prefer
- A person who can demonstrate the record is required for a judicial or other proper purpose

Birth Certificates may not be obtained by grandparents, stepparents, siblings, spouse, or any other relative.

Birth certificates may be obtained in person at the Town of Bolton Clerks Office by completing the application for copy of birth record, paying the \$10 fee for each copy (cash, check- made payable to the Town of Bolton, or credit card) and providing one of the following types of identification:

- Driver's License
- State issued non-driver photo ID card
- Passport
- Naturalization Papers
- Military ID
- Employers Photo Identification

Birth certificates may also be obtained by mail by providing a written request, a completed copy of the birth record form application, and a copy of one of the forms of identification listed above along with the \$10 fee for each copy requested. Our office accepts cash, check (made payable to The Town of Bolton) or credit card.

You can mail this information to:

The Town of Bolton
PO Box 7
Bolton Landing, NY 12814

Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification																							
<p>Identification Requirements: Application <i>must</i> 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:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. military issued photo-ID </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months </td> </tr> </table>				<ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. military issued photo-ID 	<ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months 																		
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Name: <i>(as listed on birth certificate)</i>		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: <i>(If known)</i>																					
Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>																				
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>																					
Father: <i>(as listed on birth certificate)</i>			Number of Copies Requested:																				
<i>First</i>	<i>Middle</i>	<i>Last</i>																					
<table style="width:100%; border: none;"> <tr> <td style="width: 20%;">Purpose for which Record is Required: <i>(Check one)</i></td> <td style="width: 15%;"><input type="checkbox"/> Passport</td> <td style="width: 15%;"><input type="checkbox"/> Employment</td> <td style="width: 15%;"><input type="checkbox"/> Driver license</td> <td style="width: 35%;"><input type="checkbox"/> Veteran's benefits</td> </tr> <tr> <td></td> <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></td> <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></td> <td colspan="3"><input type="checkbox"/> Other <i>(specify)</i> _____</td> <td></td> </tr> </table>				Purpose for which Record is Required: <i>(Check one)</i>	<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 <i>(specify)</i> _____			
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	<input type="checkbox"/> Other <i>(specify)</i> _____																						
If request is not from child/parents named on the requested certificate, notarized authorization is required.																							
What is your relationship to person whose record is required? <i>(If self, state "SELF".)</i>		If attorney, give name and relationship of your client to person whose record is required:																					
Signature of Applicant:		Date Signed:																					
		Month	Day	Year																			
Address of Applicant:		FOR REGISTRAR'S USE ONLY <i>(Photocopy ID and attach to application form)</i>																					
		Type of ID:																					
<i>(Applicant's Name)</i> _____		<input type="checkbox"/> Driver License																					
<i>(Street)</i> _____		Issuing state: _____																					
<i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____		Expiration date: _____																					
Telephone No.: () _____		Number: _____																					
		<input type="checkbox"/> Other ID, Specify																					
		Number: _____																					
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Obtaining a Copy of a Birth Record

There are three (3) types of birth documents permitted for issue by NYS Public Health Law.

They are:

- Certified Copy** A photographic reproduction of the actual birth certificate

- Certified Transcript** A computer- generated or other reproduction of information abstracted from the actual birth certificate

- Certification** A computer- generated or other reproduction of **only** the name of the person to whom the birth relates, the date, place of birth, and the filing date.

A **Certified Copy** or **Certified Transcript of birth** can be issued to the person on the birth record if eighteen years of age or older, to his/ her parents, a lawful representative or lawful representative of his/ her parents or by NYS Court order.

A **Certification** of birth can be obtained by the person under 18 years of age if named on the birth record or by a person who can demonstrate that the record is required for a judicial or other proper purpose.

Forward Mail Requests To:

Registrar - Town of North Hempstead
200 Plandome Road P. O. Box 3000
Manhasset, New York 11030

Include a Stamped, Self-addressed envelope with:

1. A \$10 Money Order for each copy ordered.
2. A Photo copy of the requestor's Identification. (State Motor Vehicle Driver's license, Non-Driver I D, Passport or other birth related I D)
3. Give name, date of birth, name of parents including mother's maiden name of the person for whom the birth record is being requested.

Priority Handling

* In addition to the requirements above: Send request via FEDEX, USPS, UPS or other overnight carrier and include a pre-paid, self-addressed return envelop and applicable pick-up charges.