

Certificate Information

THIS OFFICE ONLY HANDLES BIRTH CERTIFICATES FOR THOSE BORN IN THE CITY OF CANANDAIGUA. BIRTH RECORDS ARE NOT PUBLIC INFORMATION

CERTIFICATE INFORMATION

Name: (as listed on birth certificate)		Date of Birth: (mm/dd/yyyy)															
First:																	
Middle:																	
Last:																	
Maiden Name of Mother: (as listed on Birth Certificate)																	
First:																	
Middle:																	
Maiden Last:																	
Father: (as listed on Birth Certificate)		Numer of Copies Requested:															
First:																	
Middle:																	
Last:																	
Purpose for Which Record is Required (Check One) <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security- SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>			<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Social Security- SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces	<input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance															
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits															
<input type="checkbox"/> Social Security- SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding															
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces															
<input type="checkbox"/> Other (Specify) _____																	

APPLICANT'S INFORMATION

Applicant Information	DO NOT WRITE IN SPACE BELOW
What is your relationship to person whose record is requested: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other: (specify) _____	Type of ID: <input type="checkbox"/> Drivers License State: _____ No.: _____ <input type="checkbox"/> Other ID (Specify) _____ _____ Certificate Number: _____
Name of Applicant: (Please Print)	
Signature of Applicant:	
Date Signed:	
Address of Applicant: (Street, City, State, Zip)	
Telephone Number:	

TYPES OF ACCEPTABLE IDENTIFICATION: 1. Driver's License 2. Non-driver's License 3. Passport
 4. Naturalization Papers 5. Military ID 6. Employer's Photo ID 7. Two Utility Bills, showing applicant's name and address
 8. Police report of lost or stolen ID

If in person, please bring a form of acceptable identification and payment of \$10.00 (cash, check, or money order). Make checks payable to City of Canandaigua.

If by mail, please enclose with this form a copy of acceptable identification and payment of \$15.00, *money order only*. Make money orders payable to City of Canandaigua.

Mail to: City of Canandaigua
 2 North Main Street
 Canandaigua, NY 14424