



TOWN OF EATON

35 Cedar Street | Morrisville, NY 13408
(315) 684-8051 eatonclerk@cnyemail.com
www.townofeaton.com

For requests of copies for Marriage, Birth or Death Certificates or Genealogy Research, please fill out the appropriate NYS Department of Health Application and provide proof of identification. Requests can be made to the **Town of Eaton** or to NYSDOH. Turn-around time for requests made to the Town can take up to two weeks, depending on the record and the nature of the search.

NYSDOH Form Required for Request	Cost	Requirements	Restrictions
Marriage DOH-301	\$10 per copy	Proof of Identification	Copies can only be requested to the couple that was married. If both are deceased, a genealogical copy can be requested if a lawyer makes the request on letterhead stating legal and proper purpose.
Birth DOH-296A	\$10 per copy	Proof of Identification	Typically, only the person named on the birth certificate or the parents may request a copy. Call 315-684-8051 for more information.
Death DOH-294A	\$10 per copy	Proof of Identification	A spouse, parent, child, lawful representative, or a person with a NYS Court Order showing necessity, as well as a few other circumstances can access a copy of a death record. Call 315-684-8051 for more information.
Genealogy Research DOH-1562	Min \$22.00. Records are not certified.	Proof of Identification	See the back of the Application for details.

Mail the completed form, a copy of your proof of identification and a MONEY ORDER, and any other required documentation with to:

**Town of Eaton,
35 Cedar Street,
Morrisville NY 13408**

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last			Date of Birth		
Name			<div style="display: flex; justify-content: space-around;"> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M</div> <div>D D</div> <div>Y Y</div> <div>Y Y</div> </div>		
Place of Birth			Hospital (If not hospital, give street & number)		(Village, Town or City)
					County
First Middle Last			First Middle Last		
Father			Maiden Name of Mother		
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known	
Purpose for Which Record is Required (Check One) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Passport <input type="checkbox"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces </div> </div>					

APPLICANT INFORMATION

NAME		If attorney, give name and relationship of your client to person whose record is required	
<div style="display: flex; justify-content: space-between; font-size: small;"> <div>FIRST</div> <div>MIDDLE</div> <div>LAST</div> </div> What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>(name of client)</div> <div>(relationship)</div> </div>	
Telephone No. () - - Social Security No. - -		FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State No. <input type="checkbox"/> Other ID, specify No.	
Signature of Applicant <div style="float: right; text-align: right;"> Date <div style="display: flex; justify-content: space-around; font-size: small;"> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <div>MM</div> <div>DD</div> <div>YY</div> </div> </div>			
Address of Applicant Street City State Zip Code			

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

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED