



VILLAGE OF COLD SPRING

85 MAIN STREET

COLD SPRING, NEW YORK 10516 ~ INCORPORATED APRIL 22, 1846

PHONE: (845) 265-3611 ~ FAX: (845) 265-1002

Instructions and Information for Birth Certificate Application

General Information:

- You may apply for a birth certificate only if you are the person named on the birth certificate, or the parent.
- The Village of Cold Spring can only provide a birth record if the birth occurred within the Village limits.
- Do NOT use this application for genealogical purposes.
- You may mail or bring in this application accompanied by a check or money order to:

Village of Cold Spring Registrar

85 Main St

Cold Spring NY 10516

845-265-3611 phone

845-265-1002 fax

Please do not send cash through the post office

Identification requirements – Applications must be submitted with copies of either A or B:

A. One of the following forms of valid photo-ID:

- Driver License;
- Non-Driver License;
- Passport;
- Other government issued photo-ID;
- Employer's Photo ID.

B. Two of the following showing the applicant's name and address:

- Utility bill or landline telephone bill;
- Letter from a government agency dated within the last six months;
- Police Report of lost or stolen ID.

Note: Copy of a Passport is required if request is made from a foreign country that requires a U.S. Passport for travel.

Fees:

The fee is \$10.00 per copy. Total for one copy is \$10.00; the total for two copies is \$20.00 and so on.

If no record is on file, no fee will be collected.

Payments submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. Do not send cash.

Application for Copy of Birth Certificate

The Fee is \$10 per copy. Make Check or Money Order payable to Village of Cold Spring.

Required ID must be included with the application.

Please send all applications or bring in person to:

Village of Cold Spring

(845) 265-3611 - phone

85 Main St.

(845) 265-1002 - Fax

Cold Spring NY 10516

Applications may be mailed or brought to above address. Please do not mail cash.

Name (as listed on Birth Certificate): <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>			Date of Birth: <div style="text-align: center; font-size: small;">(mm/dd/yy)</div>
Village where birth occurred:		Name of Hospital where birth occurred:	
Maiden Name of Mother (as listed on birth certificate) <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>		Birth Certificate No. (if known) <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div>	
Father (as listed on birth certificate): <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>		Local Registration No. (if known) <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div>	
Number of Copies Requested: <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div>			
Purpose for which Record is required: <div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 33%;"><input type="checkbox"/> Passport</div> <div style="width: 33%;"><input type="checkbox"/> Employment</div> <div style="width: 33%;"><input type="checkbox"/> Drivers License</div> <div style="width: 33%;"><input type="checkbox"/> Veteran's Benefits</div> <div style="width: 33%;"><input type="checkbox"/> Social Security</div> <div style="width: 33%;"><input type="checkbox"/> Working Papers</div> <div style="width: 33%;"><input type="checkbox"/> Marriage License</div> <div style="width: 33%;"><input type="checkbox"/> Court Proceeding</div> <div style="width: 33%;"><input type="checkbox"/> Retirement</div> <div style="width: 33%;"><input type="checkbox"/> School Entrance</div> <div style="width: 33%;"><input type="checkbox"/> Welfare Assistance</div> <div style="width: 33%;"><input type="checkbox"/> Entrance in Armed Forces</div> </div>			
<input type="checkbox"/> Other (specify): _____			
What is your relationship to person whose record is required?	If attorney, give name and relationship of your client to person whose record is required:		
Signature of Applicant: <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>			
Date: _____			
Address of Applicant (please print): <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="font-size: x-small;">(Name)</div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="font-size: x-small;">(address)</div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (city) (state) (zip) </div>		Please Print or Type the name and address where your record should be sent: <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="font-size: x-small;">(Name)</div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="font-size: x-small;">(address)</div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (city) (state) (zip) </div>	

Telephone Number _____