

TOWN OF SOLON Office of the Municipal Clerk & Tax Collector

APPLICATION FOR A CERTIFIED COPY OF A **BIRTH RECORD** 

Certified Copies: \$15.00/first copy, \$6.00/each additional copy of the same record purchased at the same time. Non-Certified Copies: \$10.00/first copy, \$.25 for additional photocopies. Cash, check, credit & debit card accepted. Make check payable to "Town of Solon"

Please fill in the following information for location and record identification.

## **\*\*PLEASE PRINT CLEARLY\*\***

	Full	Name on Birth Reco	ord:				
					Number of Copies Requested:		
	Fatł	er's Full Name:					
	Mot	her's Full Maiden N	ame:				
	App	licant's Name:					
		Phone:					
Indica	te you	Relationship to the	person	on requ	lested record below:		
		Self	-		D Parent		Attorney of person on record
		Spouse			<b>D</b> Guardian		Genealogist ID #
		Registered Domest	ic Partn	ner [	Descendant**		Direct & Legitimate Interest*
*Provi	de pro	of of Direct & Legit	imate Ir	nterest	(list proof provided):		
**If de	escend	ent, please detail line	eage:				
Applicant Signature: Tod By signing, I swear/affirm that the information above is true and correct.							ay's Date:
		_ ,	,				
				Belo	ow line is for Clerk's use only		
Proof of	f identit	y of applicant:		A	oplicant must provide one of these:		
-	р. <sup>.</sup>	, <b>.</b> .	<b>-</b> D	-			
	Drive	r's License	□ Pa	ssport	Gov pict	ure I.D.	□ Known to me
OR two	of these	÷					
	Utilit	y bills			Department of Corrections I.D.		License/rental agreement
		statements cle registration			Social Security Card Letter from government agency		Pay stub W-2
		ne tax return		r LJ I	equesting record (DHHS, WIC)		w-2 Voter Registration card
	Perso	onal Check w/ address			DD 214		Disability award from SSA
	A pre	eviously issued vital recor	d		Hospital; birth worksheet		Other
Establis	shing eli	gibility to acquire recor	d:				
_							f provided:
	Attor	Domestic Partners must provide proof of registration of domestic partnership					
		alogists must provide a sta	ite-issued	l card			
Status o	of vital 1	ecord:					Document # on rear of form:
		Certified copy of Closed Record (application and proof of identity and lineage required)					ME
<ul> <li>Certified copy of Open Public Record (application and proof of identity and lineage required</li> <li>Non-Certified copy of Open Public Record (application and proof of identity only)</li> </ul>						required)	ME ME
IJ	INON-Q	Leruned copy of Open Pu	one Reco	oru ( <i>appl</i>	ication and proof of identity only)		
Do not retain copies of proof provided or note any specific numbers							
	retain c	opies of proof provided o	or note a	ny speci	fic numbers		Issuing Clerk's Initials

If the record is an open public record, a non-certified copy of the complete record, including statistical information, may be issued, if requested. The record is considered an **open public record if it is 75 years old or older for births**, **50 years old or older for marriages**, **25 years old or older for deaths and 50 years old or older for fetal deaths or still births**. If the requester requests a certified copy of <u>any</u> record, open or closed to the public, proof of relationship or direct and legitimate interest must be shown.