



Application for a Copy of a Paternity Affidavit

Required ID must be included with application. (Current U.S. Driver's License, Non-Driver's License or Passport must be attached to application.)

<p><i>For handling:</i> Enclose \$20 per copy or No Record Certification. Send to:</p> <p style="margin-left: 40px;">City of New Rochelle City Clerk 515 North Ave New Rochelle, NY 10801</p>	<p>Make U.S. money order payable to City Clerk's Office. Cash or credit card payments are also accepted in person</p>
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Name: (as listed on birth certificate)	Date of Birth:
<i>First</i> <i>Middle</i> <i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:

NEW ROCHELLE ONLY

Maiden Name of Mother: (as listed on birth certificate)	Telephone Number:
<i>First</i> <i>Middle</i> <i>Maiden Last</i>	E-mail Address:

Father: (as listed on birth certificate)	Number of Copies Requested:
<i>First</i> <i>Middle</i> <i>Last</i>	x each =

Purpose for which Record is Required: (<i>Check one</i>)	Passport	Employment	Drivers license	Veteran's benefits
	Social Security	Working Papers	Marriage license	Court proceeding
	Retirement	School entrance	Welfare assistance	Entrance into
	International			Armed Forces
	Other (<i>specify</i>) _____			

What is your relationship to person whose record is required? (ONLY THE MOTHER AND/OR FATHER OR A GOVERNMENTAL AGENCY CAN OBTAIN A COPY))

Mother Father Governmental Agency - Specify: _____

Signature of Applicant: _____ **Date:** _____

<p>THIS OFFICE REQUIRES WRITTEN AND NOTARIZED AUTHORIZATION OF THE PERSON/PARENTS WHOSE RECORD IS REQUESTED IF SUBMITTING YOUR REQUEST BY MAIL.</p> <hr/> <p>Sworn and subscribed before me</p> <p>This _____ Day of _____, 20____</p> <hr/> <p>Notary Public</p>	<p>PLEASE ENCLOSED A SELF-ADDRESSED STAMPED ENVELOPE FOR MAIL ONLY REQUESTS.</p> <p>Print or type the name and address where record should be sent:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Apt. # (if applicable): _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
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