CITY OF AUBURN

"Expect Excellence"

Department of Police

Shawn I. Butler
Chief of Police
Roger J. Anthony
Deputy Chief of Police

AUBURN POLICE DEPARTMENT PERSONAL I.D. CARD REQUIREMENTS

YOU **MUST** HAVE THE FOLLOWING*:

1) Birth Certificate (**Original or Certified Copy**)
AND
2) Social Security Card (**Original**)
AND
3) **Two** of the following (**One of which must verify current address**)

● Photo ID	● Naturalization Certificate
● Medicaid Card	● Military Discharge Papers
● Temporary Driver's License	● Payroll Stub
● Utility Bill	● Health Insurance Card
● I-94 Form / Green Card	● Passport

FEE: (CASH ONLY)

NEW IDENTIFICATION CARD: **$30.00**

UPDATE/CHANGE EXISTING: **$20.00** (Must Return Old Card)

NO PHOTO COPIES OF THE REQUIRED FORMS WILL BE ACCEPTED.

*** If applicant is under the age of 18 years old, a parent or guardian needs to sign in the "Parent/Guardian" signature field. If applicant is less than 16 years old, a parent or guardian must also be present at time of ID card issuance.**

WARNING!
MAKING FALSE STATEMENTS ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK

46 North Street. Auburn, New York 13021-3699. (315) 253-3231. Fax (315) 255-0022

Personal Identification Card Application
(Please print clearly)

LEGAL NAME:_____
Last **First** **Middle**

ADDRESS:_____

CITY:_____**STATE:**_____**ZIP:**_____**TELEPHONE(**_____**)**_____

DATE OF BIRTH:_____**AGE:**_____**PLACE OF BIRTH:**_____

SEX:_____**RACE:**_____**HEIGHT:**_____**WEIGHT:**_____

HAIR COLOR:_____**EYE COLOR:**_____**SOCIAL SECURITY #:**_____

GLASSES: yes (___) no (___) COMPLEXION: light (___) medium (___) dark (___) (check one)

IN CASE OF EMERGENCY

NAME:_____

ADDRESS:_____

TELEPHONE: (_____**)**_____

I have answered the above questions to the best of my knowledge and recollection and I understand that any false statements made herein are punishable as a CLASS A MISDEMEANOR pursuant to section 210.45 of the Penal Law of the State of New York.

Signature:_____**Date:**_____

Parent/Guardian:_____**Date:**_____
(if under 18)

FOR OFFICE USE ONLY

Witness:_____**Date:**_____

Type of I.D. shown:_____

Date Issued:_____**Issued by:**_____**Photo#**_____