



**ST. LAWRENCE COUNTY
OFFICE OF THE COUNTY CLERK**

48 Court Street, County Courthouse
Canton, New York 13617-1198
Telephone (315) 379-2237 Fax (315) 379-2302

Sandra W. Santamoore
St. Lawrence County Clerk
Melissa Friedel
St. Lawrence Deputy County Clerk
Lisa Woodard
St. Lawrence Deputy County Clerk
Susan A. Thompson
Motor Vehicle Supervisor

CONSENT FORM

A CONSENT FORM ACKNOWLEDGES THAT THE TWO INDIVIDUALS INVOLVED IN THE TRANSACTION BOTH TAKE RESPONSIBILITY IN CO-REGISTERING THE FIREARM(S) INDICATED.

A co-registrant cannot give permission to co-register to another person; only a weapon owner can give permission for co-registration. By signing below, you affirm that you are the weapon owner.

I, _____
NAME OF WEAPON OWNER ***Signature required below PISTOL PERMIT # ISSUE DATE

residing at _____
ENTIRE ADDRESS

do hereby give consent for _____,
NAME OF CO-REGISTRANT PISTOL PERMIT #

_____, residing at _____
ISSUE DATE ENTIRE ADDRESS

to co-register the following weapon(s):

1. _____
Make Model Type Caliber Serial #
2. _____
Make Model Type Caliber Serial #
3. _____
Make Model Type Caliber Serial #

Signature of **Weapon Owner**

Subscribed and sworn to me this _____ day of _____, 20 ____

County Clerk Staff or Notary Signature