



**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

Mary Lou Rupp
St. Lawrence County Clerk

Sandra W. Santamoor
St. Lawrence County Deputy Clerk

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. | _____ | _____ | _____ | _____ | _____ |
| | <small>Make</small> | <small>Model</small> | <small>Type</small> | <small>Caliber</small> | <small>Serial #</small> |
| 2. | _____ | _____ | _____ | _____ | _____ |
| | <small>Make</small> | <small>Model</small> | <small>Type</small> | <small>Caliber</small> | <small>Serial #</small> |
| 3. | _____ | _____ | _____ | _____ | _____ |
| | <small>Make</small> | <small>Model</small> | <small>Type</small> | <small>Caliber</small> | <small>Serial #</small> |

 Signature of **Weapon Owner**

Subscribed and sworn to me this _____ day of _____ of the year _____

 Clerk or Notary Signature