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. Santamoor
St. Lawrence County Clerk
Melissa Friedel
St. Lawrence Deputy County Clerk

CONSENT FORM

Co-registration of any and all pistols will only be allowed for:

- Spouses that reside in the same household as owner
- An adult child residing in the same household as owner
- No more than two (2) people can be co-registered to the same pistol & both must be residents of the same address

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 #

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.

_____
Signature of **Weapon Owner**

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

_____
Clerk or Notary Signature