

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps. Make check or money order payable to "Inc. Village of Port Jefferson". Please include a copy of photo I.D. as well as a self-addressed stamped envelope.

PLEASE PRINT OR TYPE

	First	Middle	Last			
Name				Date of Birth or Period to be Covered by Search		
Place of Birth	Hospital (If not hospital, give street & number)			(Village, town or city)		
	First	Middle	Last			
Father				Maiden Name of Mother		
Number of Copies Desired	Enter Birth No. if Known			Enter Local Registration No. if known		
Purpose for Which Record is Required Check One	<input type="checkbox"/> Passport		<input type="checkbox"/> Working Papers		<input type="checkbox"/> Welfare Assistance	
	<input type="checkbox"/> Social Security		<input type="checkbox"/> School Entrance		<input type="checkbox"/> Veteran's Benefits	
	<input type="checkbox"/> Retirement		<input type="checkbox"/> Driver's License		<input type="checkbox"/> Court Proceeding	
	<input type="checkbox"/> Employment		<input type="checkbox"/> Marriage License		<input type="checkbox"/> Entrance Into Armed Forces	
	<input type="checkbox"/> Other (specify) _____					
What is your relationship to person whose record is required? If self, state "self"				If attorney, name and relationship of your client to person whose record is required		
_____				_____		
_____				_____		
This office requires written authorization of the person/parents whose record is requested before a search is processed.						
Signature of Applicant				Date		
Address and Phone Number of Applicant				Please print name and address where record should be sent.		