

BIRTH CERTIFICATES

The Riverhead Town Clerk's Office maintains birth records for individuals born in the Town of Riverhead from 1881 through present.

- ❖ The only individuals eligible to obtain a birth certificate include:
- ❖ The person named on the certificate (must be 18 years of age or older)
- ❖ A parent of the person named on the birth certificate is always entitled to a child's birth certificate (requesting parent's name must be on birth certificate).
- ❖ A person who has court-ordered legal custody/guardianship, a copy of the court order must accompany the request.

Identification Requirements: Applications must be submitted with a copy of one of the following forms of valid photo ID:

- Driver's license
- DMV issued non-driver photo ID card
- Passport
- US Military ID

If the applicant's name on the ID differs from the information on the birth certificate, a copy of the applicant's marriage certificate, legal name change paperwork, citizenship papers or naturalization papers must accompany the request.

Mail Requests will be sent to the address that appears on the photo ID unless an acceptable **Proof of Mailing Address** (current within one year) is included with the application.

PROOF OF MAILING ADDRESS:

Current Utility Bill (electric, phone, water, cable)

Tax Return

Lease or Rental Agreement

Property Tax Receipt/Bill

Other Official Government Mailing

Fee: \$10.00 per certified copy requested. Payment should be made by money order payable to "Riverhead Town Clerk" and mailed to:

James M. Wooten
Riverhead Town Clerk
4 West Second Street
Riverhead, NY 11901

CERTIFICATE INFORMATION

First Name	Middle	Last	Date of Birth ____/____/____ M M D D Y Y Y Y
Place of Birth	Hospital (If not hospital, give street & number)		(Village, Town or City)
Father	First	Middle	Last
	Maiden Name of Mother		
Number of Copies Requested	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-Retirement <input type="checkbox"/> School Entrance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Driver's License <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Retirement <input type="checkbox"/> Marriage License <input type="checkbox"/> Entrance into Armed <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

NAME FIRST _____ MIDDLE _____ LAST _____	If attorney, give name and relationship of your client to person whose record is required _____ (name of client) _____ (relationship) _____		
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			
Telephone No. (____) _____-_____			
Social Security No. _____			
Signature of Applicant	Date _____ MM DD YY YY	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
		TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____	
		<input type="checkbox"/> Other ID, specify _____	
		No. _____	
Address of Applicant _____ Street _____			
City _____	State _____	Zip Code _____	