

## **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**

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

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

## APPLICANT INFORMATION

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

(OVER)