

## **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:

**Diane Wilhelm  
Riverhead Town Clerk  
200 Howell Ave.  
Riverhead, NY 11901**

# Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION																											
Name First                  Middle                  Last			Date of Birth <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>															M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y																				
Place of Birth Hospital (If not hospital, give street & number)			(Village, Town or City)				County																				
Father First                  Middle                  Last			Maiden Name of Mother First                  Middle                  Last																								
Number of Copies Requested			Enter Birth No. if Known			Enter Local Registration No. if Known																					
Purpose for Which Record is Required (Check One) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>										<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 Forces	<input type="checkbox"/> Employment			<input type="checkbox"/> Other (Specify) _____		
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What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____					<b>FOR REGISTRAR'S USE ONLY</b> <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____  <input type="checkbox"/> Other ID, specify _____ No. _____																						
Telephone No. (____) _____-____-____																											
Social Security No. _____-____-____																											
Signature of Applicant				Date <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> </table>					MM	DD	YY																
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Street _____ City _____ State _____ Zip Code _____																											