



## **BIRTH CERTIFICATES**

The Village of Port Jefferson Clerk's Office maintains birth records for individuals born in the Village of Port Jefferson from January 1, 1964 to present

The only individuals eligible to obtain a birth certificate include:

- The person named on the certificate.
- 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 of the minor child listed on the birth certificate. If the applicant has legal custody/guardianship, a copy of the court order must accompany the request.

### **Identification Requirements: Applications must be submitted with copies of one of the following:**

One (1) of the following forms of **valid** photo ID:

- Driver's License
- DMV issued Non-Driver Photo ID
- Passport
- US Military ID
- Employee photo ID plus a pay stub from current employer

**\*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.**

**ANY REQUESTS FOR A BIRTH CERTIFICATE TO BE MAILED TO A POST OFFICE BOX OR TO A THIRD PARTY MUST BE NOTARIZED.**

**Fee:** \$10.00 per certified copy requested. No more than two (2) copies will be issued at a time. Payment may be made by check or money order payable to "Inc. Village of Port Jefferson" through the mail or by cash, check or money order in the office. Please do not mail cash.

# 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.		