



BIRTH CERTIFICATES

The Village of Port Jefferson Clerk's Office (121 W. Broadway) 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 the birth certificate. See below*).
- 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 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 current marriage certificate or legal name change paperwork from the courts must accompany the request.**

ANY REQUEST 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.

- Payment by mail must be made by check or money order payable to "Inc Village of Port Jefferson".
- Payment in person must be made by credit card, check or money order payable to "Inc Village of Port Jefferson".
- Cash is not accepted.

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			Date of Birth or Period to be Covered by Search
Name			
Place of Birth	Hospital (If not hospital, give street & number)		(Village, town or city)
First Middle Last			First Middle Last
Father			Maiden Name of Mother
Number of Copies Desired	Enter Birth No. if Known	Enter Local Registration No. if known	
<div> <div>Purpose for Which Record is Required Check One</div> <div> <input type="checkbox"/> Passport <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (specify) _____ </div> <div> <input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License </div> <div> <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance Into Armed Forces </div> </div>			
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	
<hr/> <hr/>		<hr/> <hr/>	
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.	