(631) 957-7500

INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

APPLICATION FOR BIRTH CERTIFICATE

Name at Birth _____ Date of Birth: _____
First Middle Last

Place of Birth _____ Village, Town or City _____
(Number & Street)

Father: _____ Maiden Name of Mother: _____
First Middle Last *First Middle Last*

Number of Copies Requested: _____ Birth No.(if known) _____Local Registration No.(if known)____

Purpose for which
- ☐ Passport
- ☐ Social Security-Retirement
- ☐ Social Security-SSI
- ☐ Retirement
- ☐ Employment
- ☐ Working papers
- ☐ School Entrance
- ☐ Driver's License
- ☐ Marriage License
- ☐ Welfare Assistance
- ☐ Veteran's Benefits
- ☐ Court Proceeding
- ☐ Entrance into Armed Forces
- ☐ Other (Specify) _____

APPLICANT INFORMATION:

NAME _____
First Middle Last

Email Address: _____

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. _____

_____
Signature of Applicant Date

_____
Address of Applicant

_____
City State Zip Code

If attorney, give name and relationship to your client to person whose record is required.

_____
(name of client) *(relationship)*

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID:

☐ Driver's License

State _____ No. _____

☐ Other ID, specify

_____

No. _____

Did you:

- ☐ **Complete and Sign the Application**
- ☐ **Include Required Copy of Valid Photo ID**
- ☐ **Include $10 Fee per copy – cash, check or money order**
- ☐ **By mail - include a stamped self-addressed envelope**