

Application to Local Registrar for Copy of Birth Certificate - by mail

CERTIFICATE INFORMATION

NAME AT BIRTH (FIRST, MIDDLE(FULL) AND LAST NAME):	DATE OF BIRTH <div style="text-align: center;"> _____ / _____ / _____ MM DD YYYY </div>	
PLACE OF BIRTH - HOSPITAL OR IF NOT HOSPITAL, STREET ADDRESS	VILLAGE	COUNTY
FATHER'S NAME (FIRST, MIDDLE AND LAST NAME):	MOTHER'S FULL MAIDEN NAME (FIRST, MIDDLE(FULL) AND LAST NAME):	
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"/> Working Papers | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Social Security- Retirement | <input type="checkbox"/> School Entrance | <input type="checkbox"/> Court Proceeding |
| <input type="checkbox"/> Social Security- SSI | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Entrance into Armed Forces |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Marriage License | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Welfare Assistance | |

APPLICANT INFORMATION

(Copy of Certificate will be sent to the address listed below)

NAME (FIRST, MIDDLE AND LAST NAME):	WHAT IS YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUIRED? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____
ADDRESS OF APPLICANT	
STREET	
CITY	STATE
ZIP CODE	
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"/> <input type="text"/> <input type="text"/>	
SIGNATURE OF APPLICANT	DATE

Only the person themselves, their mother or father can request a copy.
FEE: \$10.00 per copy (money order payable to the Village of Port Chester)
Copy of your driver's license (or other photo ID)

Accepted forms of Identification

- | | |
|---|--|
| <ul style="list-style-type: none"> Driver's License Non-driver's License Passport* Naturalization Papers* | <ul style="list-style-type: none"> Military ID* Employer's Photo ID* Police report of lost or stolen ID* Two utility bills, showing applicant's name and current address |
|---|--|

*Must be accompanied by two pieces of official mail, showing applicant's name and current address
 Includes: utility bill(s), bank statement, and/or paystub

BIRTH CERTIFICATE WILL NOT BE ISSUED UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED

Send with a self-addressed stamped envelope.

Please send request to: Village of Port Chester - Vital Records
 222 Grace Church St., Suite 120
 Port Chester, NY 10573