

**The Town of North Hempstead
Office of the Registrar**

**Application to Local
Registrar for Copy of
Birth Record**

Fee: Money Order Payable to Town of North Hempstead - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

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

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID

Mail completed form to:
The Town of North Hempstead
200 Plandome Road
Manhasset, NY 11030
Attn: Office of the Registrar

Name: <i>(as listed on birth certificate)</i>			Date of Birth:
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>
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Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	

Father: <i>(as listed on birth certificate)</i>			Number of Copies Requested:
<i>First</i>	<i>Middle</i>	<i>Last</i>	

Purpose for which Record is Required: <i>(Check one)</i>	<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver license	<input type="checkbox"/> Veteran's benefits
	<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
	<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
	<input type="checkbox"/> Other <i>(specify)</i>	<input checked="" type="checkbox"/> International use such as dual citizenship etc		

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? (If self, state "SELF".)	If attorney, give name and relationship of your client to person whose record is required:
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Signature of Applicant:	Date Signed: Month Day Year	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> <p>Type of ID: <input type="checkbox"/> Driver License</p> <p>Issuing state: _____</p> <p>Expiration date: _____</p> <p>Number: _____</p> <p><input type="checkbox"/> Other ID, Specify</p> <p>Number: _____</p> <p>Type: _____</p> <p>Number: _____</p> <p>Type: _____</p>
Address of Applicant:		
<i>(Applicant's Name)</i>		
<i>(Street)</i>		
<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Telephone No.: ()		

Obtaining a Copy of a Birth Record

There are three (3) types of birth documents permitted for issue by NYS Public Health Law.

They are:

- Certified Copy** A photographic reproduction of the actual birth certificate
- Certified Transcript** A computer- generated or other reproduction of information abstracted from the actual birth certificate
- Certification** A computer- generated or other reproduction of **only** the name of the person to whom the birth relates, the date, place of birth, and the filing date.

A **Certified Copy** or **Certified Transcript of birth** can be issued to the person on the birth record if eighteen years of age or older, to his/ her parents, a lawful representative or lawful representative of his/ her parents or by NYS Court order.

A **Certification** of birth can be obtained by the person under 18 years of age if named on the birth record or by a person who can demonstrate that the record is required for a judicial or other proper purpose.

Forward Mail Requests To:

Registrar - Town of North Hempstead
200 Plandome Road P. O. Box 3000
Manhasset, New York 11030

Include a Stamped, Self-addressed envelope with:

1. A \$10 Money Order for each copy ordered.
2. A Photo copy of the requestor's Identification. (State Motor Vehicle Driver's license, Non-Driver I D, Passport or other birth related I D)
3. Give name, date of birth, name of parents including mother's maiden name of the person for whom the birth record is being requested.

Priority Handling

* In addition to the requirements above: Send request via FEDEX, USPS, UPS or other overnight carrier and include a pre-paid, self-addressed return envelope and applicable pick-up charges