NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section
Application to Local Registrar for Copy of Birth Record

Fee: County Districts - $30.00 / Other Districts - $10.00 per certified copy or No Record Certification.

Identification Requirements: Application must be submitted with copies of either A or B.
(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

OR

B. Two (2) of the following showing the applicant's name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: (as listed on birth certificate) ____________________________  Date of Birth: (mm/dd/yyyy) ____________

First   Middle   Last

Town, city or village where birth occurred: ________________________ Name of hospital where birth occurred: (if known)

Maiden Name of Mother: (as listed on birth certificate) ____________  Local Registration No.: (if known)

First   Middle   Maiden Last

Father: (as listed on birth certificate) ____________________________

First   Middle   Last

Purpose for which Record is Required: (Check one)

☐ Passport ☐ Social Security ☐ Employment ☐ Driver license
☐ Retirement ☐ Working Papers ☐ Marriage license ☐ Veteran’s benefits
☐ School entrance ☐ Welfare assistance ☐ Court proceeding ☐ Other (specify)
☐ Armed Forces

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:

Signature of Applicant: ____________________________ Date Signed: (Month Day Year)

Address of Applicant: ____________________________

(Applicant’s Name) ____________________________ (Street) ____________________________

(City) ____________________________ (State) ____________ (Zip) ____________

Telephone No.: (________) ____________

FOR REGISTRAR’S USE ONLY

Type of ID: (Photocopy ID and attach to application form)

☐ Driver License
☐ Issuing state:

Expiration date: ____________________________

Number:

☐ Other ID, Specify
☐ Number:

☐ Type:
☐ Number:

☐ Type:

DOH-295A (09/2009)
BIRTH CERTIFICATES

The Village of Greenport office maintains birth records for individuals born within the Village of Greenport.

TYPES OF ACCEPTABLE IDENTIFICATION

Applications must be submitted with one of the following forms of identification*:

- Driver’s License
- DMV issued Non-Driver Photo ID
- Passport
- Naturalization papers
- US Military - issued photo ID
- Two (2) utility bills, showing applicant’s name and a letter from a government agency dated within the last six (6) months

*If the applicant’s name on the ID differs from the name on the birth certificate request form, a copy of the applicant’s: marriage certificate, divorce decree, existing birth certificate, legal name change paperwork, citizenship papers or naturalization papers must accompany the request.

A COPY MAY NOT BE ISSUED UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED.

Payment:

Please make check or money order payable to VILLAGE OF GREENPORT

Each certified copy is $10.00

PLEASE FILL OUT APPLICATION AND RETURN TO:

Village of Greenport
Registrar
236 Third Street
Greenport, NY 11944

Phone number 631-477-0248