

VILLAGE OF ROCKVILLE CENTRE

P.O. BOX 950
ROCKVILLE CENTRE, N.Y. 11571-0950



****PLEASE READ THE DIRECTIONS ENTIRELY BEFORE SUBMITTING YOUR APPLICATION FOR CONSIDERATION.
ANY MISSING REQUIRED DOCUMENTATION WILL RESULT IN A DELAY OF PROCESSING****

Inc. Village of Rockville Centre-Registrar's Office for Birth & Death Certificates (516)678-9258

Place of birth or death must be within the **Inc. Village of Rockville Centre**

- Birth Certificate (October 2, 1941 to Present)
- Death Certificates

Directions to apply for a birth record:

A certified copy of a birth certificate may be obtained in person or by mail within 5 business days from receipt of payment.

- Send \$10.00 (cash, money order or certified check ONLY) for each certified copy, made payable to *Inc. Village of Rockville Centre*, along with a copy of **required identification** and completed application. (NO PERSONAL CHECKS)
- Birth certificate requests will be processed within the said time frame and mailed upon receipt of payment and required identification.
- Birth certificates may also be applied for in person at Village Hall during normal business hours.
Applying in person does not supersede the 5 day processing time frame
- **If you do not currently maintain your birth name because of marriage, divorce or legal name change you will also need to provide a copy of supporting documentation as well as a copy of your valid photo ID**

To Apply in Person:

DO NOT MAIL TO THIS ADDRESS

Village Hall-Rockville Centre
1 College Place
Rockville Centre, NY 11570
8:00am-3:00pm, Monday-Friday

MAILING ADDRESS:

Inc. Village of Rockville Centre
Attn: Registrar
P.O. Box 950
Rockville Centre, NY 11571-0950

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

| | | | | | | | | |
|--|--|--|--|--|--|---|--|--|
| Name First Middle Last | | | Date of Birth <div style="display: flex; justify-content: space-around;"> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> M M D D Y Y Y Y </div> | | | | | |
| Place of Birth Hospital (If not hospital, give street & number) | | | (Village, Town or City) | | | County | | |
| Father First Middle Last | | | Maiden Name of Mother | | | First Middle Last | | |
| 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"/> Social Security-Retirement <input type="checkbox"/> Social Security-SSI <input type="checkbox"/> Retirement <input type="checkbox"/> Employment <input type="checkbox"/> Other (Specify) _____ | | | <input type="checkbox"/> Working Papers <input type="checkbox"/> School Entrance <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage License <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Entrance into Armed Forces | | |

APPLICANT INFORMATION

| | | | |
|--|--|---|--|
| NAME FIRST MIDDLE LAST | | If attorney, give name and relationship of your client to person whose record is required | |
| What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%; height: 30px;"></div> <div style="border: 1px solid black; width: 35%; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (name of client) (relationship) </div> | |
| Telephone No. () - - | | FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State No. <input type="checkbox"/> Other ID, specify No. | |
| Signature of Applicant | | | |
| Date <div style="display: flex; justify-content: space-around;"> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YY </div> | | | |
| Address of Applicant Street City State Zip Code | | | |

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED