### VILLAGE OF ROCKVILLE CENTRE

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



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

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

The Registrar's Office - for Birth & Death Certificates is located at:

Inc. Village of Rockville Centre -Village Hall

1 College Place/P.O. Box 950

Rockville Centre, NY 11570

Normal Business Hours: 8:00 AM - 3:00 PM, Monday through Friday

Phone: 516-678-9258

#### **Birth Certificates:**

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

- Send \$10.00 (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.
- Birth certificate requests will be processed 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.
- If you do not currently maintain your birth name because of a marriage or divorce you also need to provide a copy of supporting documents as well as a copy of valid photo ID

### IDENTIFICATION REQUIRED FOR THE ISSUANCE OF BIRTH CERTIFICATES

Types of acceptable identification (only one necessary):

- 1. Driver's License
- 2. Non-driver's License
- 3. Passport
- 4. Naturalization Papers
- 5. Military ID
- 6. Employer's Photo ID

## NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section \*\*10.00 CASH OR MONEY ORDER\*\*

# Application to Local Registrar for Copy of Birth Record

	CERTIFICATE	NEORMA	TION			
First Middle Name	Last	Date of Bir		YYY		
Hospital (If not hospital, give street & number) Place of Birth		(Village, To	own or City)	County		
First Middle Father	Last	Maiden Na of Mother	ıme First Mic	idie Last		
Number of Copies Requested Enter Birth No if Known		o.	Enter Local Registration No. if Known			
Passport						
NAME  FIRST MIDDLE LAST  What is your relationship to person whose record is required?  Self Parent Other, specify  Telephone No. ( )		If attorney, give name and relationship of your client to person whose record is required				
		(name of client) (relationship)				
Signature of Applicant  Date  MM DD YY		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)  TYPE OF ID  Driver's License  State No				
Address of Applicant		Other ID, specify				
Street  City State	Zip Code		No			

### VILLAGE OF ROCKVILLE CENTRE

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



### **Death Record Application**

Death records may be requested by the immediate family: parents of deceased, siblings of the deceased, child or surviving spouse (if listed on death certificate).

Applicants should bring the completed Application to Local Registrar for Copy of Death Record to Town Clerk's Office along with proper identification and the appropriate fee. Proof of relationship to the decedent will be required by all immediate family members with the exception of the surviving spouse. Proof of a legal/medical need is required for all applicants requesting death records for that purpose.

For parents or surviving spouse, acceptable forms of identification include government-issued identification or passport. For a child or sibling, acceptable types of relationship include a birth certificate or long form marriage record with government-issued identification.

There is a \$10 fee per certified copy of a death certificate. Acceptable forms of payment include cash, money order, certified bank check. Please make money orders or certified checks payable to: Inc. Village of Rockville Centre

## NEW YORK STATE DEPARTMENT OF HEALTH VITAL RECORDS SECTION

Application to Local Registrar for Copy of Death Record

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: -OR-   Driver license   Non-driver photo-ID card   Passport   Pass	Fee: Payable by CASH or M	ONEY ORDER	. 3-\$1	0.00 pc	er certified co	py or No R	lecord Certification		
Driver license     Non-driver photo-ID card     Passport     Passport     Employment ID  Name of Deceased:    First	Identification Requirements: Ap (Note: Copy of Passport required if	oplication <i>must</i> request is mad	be submitted le from a for	ed with co eign cou	pies of either A ntry that requires	or B. a U.S. Pass	port for travel.)		
Non-driver photo-ID card Passport Passport Passport Pirel Middle Date of Death or Period to be Covered by Search: (mm/dd/yyyy) Date of Death or Period to be Covered by Search: (mm/dd/yyyy) Date of Death or Period to be Covered by Search: (mm/dd/yyyy) Date of Birth of Deceased:  Firel Middle Name of Mother of Deceased:  Firel Middle Name of Father of Deceased:  Firel Middle Name of Middle Na		f valid <b>photo-l</b>	D: -OR-			ing showing	the applicant's name		
Passport Employment ID  Name of Deceased:    Pirat									
* Employment ID  Name of Deceased:  First  Middle  Date of Death or Period to be Covered by Search: (minddlyyyy)  Maiden Name of Mother of Deceased:  First  Middle  Name of Father of Deceased:  First  Middle  Name of Father of Deceased:  First  Middle  Name of Father of Deceased:  Local Registration No.: (if known)  First  Middle  Name of Father of Deceased:  Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)  Copies Requested without confidential cause of death confidential cause of death  Copies requested without confidential cause of death  Purpose for which Record is Required:  What is your relationship to person whose record is required:  In what capacity are you acting?  If stromey, give name and relationship of your client to person whose record is required:  If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.  Signature of Applicant:  Date Signature  FOR REGISTRAR'S USE ONLY  Type of ID:  Oriver License  Issuing state:  Expiration date:  Applicants Name)  Number:  Type:  Number:  Type:  Number:  Type:  Number:  Telephone No.: (**)									
Name of Deceased:    First									
Date of Death or Period to be Covered by Search: (mm/dd/yyyy)  Date of Birth of Deceased: Age at Death:  From To		2 30 1							
Date of Death or Period to be Covered by Search: (mmiddlyyyyy)    Date of Birth of Deceased:   Age at Death:	Name of Deceased:					Social Seci	urity No. of Deceased:		
Date of Death or Period to be Covered by Search: (mm/et/dyyyy)    Date of Birth of Deceased:   Age at Death:									
### Makden Name of Mother of Deceased:    First				Las					
Maiden Name of Mother of Deceased:    Pirst	Date of Death or Period to be Covered by Search: (mm/dd/yy)			The services of	Date of Birth of	Deceased:	Age at Death:		
Maiden Name of Mother of Deceased:    Pirst									
Maiden Name of Mother of Deceased:    Pirst						/			
Name of Father of Deceased:   Local Registration No.: (if known)					mm / da /	Death C	Certificate No.: (If known)		
Name of Father of Deceased:    First									
Name of Father of Deceased:    First						30 L			
Place of Death:  Name of Hospital or Street Address  Name or Hospi		Middle		Maiden	Last	I ocal P	Local Designation No. (Mineral		
Place of Death:  Name of Hospital or Street Address  Name of Hospital or Street Address  Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)  Copies requested with Copies requested without Total number of confidential cause of death Copies requested  Purpose for which Record is Required:  What is your relationship to person whose record is required?  If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must subsnit documentation of a lawful right or claim.  Signature of Applicant:  Data Signation Month Day Year (Photocopy ID and sitach to application form)  Type of ID:  Driver License  Issuing state:  Expiration date:  Number:  Other ID, Specify  Number:  Type:  Number:  Type:  Number:  Type:  Number:  Type:  Number:  Type:  Number:	Name of Famer of Deceased.					Local K	egistiation No (II kriowii)		
Place of Death:  Name of Hospital or Street Address  Name of Hospital or Street Address  Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)  Copies requested with Copies requested without Total number of confidential cause of death.  Purpose for which Record is Required:  What is your relationship to person whose record is required?  What is your relationship to person whose record is required:  If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must subsnit documentation of a lawful right or claim.  Signature of Applicant:  Data Signad:  Month Day Yesz  FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)  Type of ID:  Driver License  Issuing state:  Expiration date:  Number:  Other ID, Specify  Number:  Type:  Number:  Type:  Number:  Type:  Number:  Type:  Number:  Type:  Number:	The second second								
Name of Hospital or Street Address    Village, town or city   County		Middle		Las					
Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)  Copies requested with	Place of Death:	4							
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Copies requested with confidential cause of death									
confidential cause of death confidential cause of death copies requested  Purpose for which Record is Required:  In what capacity are you acting?  If attorney, give name and relationship of your client to person whose record is required:  If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.  Signature of Applicant:  Date Signet: What is your relationship to person whose record is required:  FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)  Type of ID: Driver License  Issuing state:  Expiration date:  Mumber:  Type:  Number:  Type:  Number:  Type:  Number:  Type:  Number:		_		*					
Purpose for which Record is Required:  In what capacity are you acting?  If attorney, give name and relationship of your client to person whose record is required:  If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.    Date Signed:									
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If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.    Date Signed:	Purpose for which Record is Require	ed:		What is your relationship to person whose record is required?					
If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.    Date Signed:									
If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.    Date Signed:		1.6		حيباب		Common Au			
Address of Applicant:    Applicant's Name    City    (State)   (St	In what capacity are you acting?	if attorney,	give name a	nd relation	ship of your client	to person who	se record is required:		
Address of Applicant:    Applicant's Name    City    (State)   (St									
Address of Applicant:    Applicant's Name    City    (State)   (St									
Signature of Applicant:    Date Signed:   Year     FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)									
Signature of Applicant:    Month Day Year (Photocopy ID and attach to application form)   Type of ID:   Driver License	at the time of de		st submit d	ocumen					
Type of ID:  Driver License  Issuing state:  Expiration date:  Number:  Other ID, Specify  Number:  Type:  Type:  Number:  Type:  Number:	Signature of Applicant:		Year						
Driver License    Sauing state:				Type of I	D:	in attack to app	ilideadar rormy		
Address of Applicant:   Issuing state:									
Expiration date:	>								
(Applicant's Name)       Expiration date:	Address of Applicant:  (Applicant's Name)			Issuing state:					
(Applicant's Name)         Number:           (Street)         Number:           Type:         Type:           Number:         Number:				Expiration date:					
(Street)									
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(City)				Othe	r ID, Specify				
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