



INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

APPLICATION FOR BIRTH CERTIFICATE

Name at Birth _____ Date of Birth: _____
First Middle Last

Place of Birth _____ Village, Town or City _____
(Number & Street)

Father: _____ Maiden Name of Mother: _____
First Middle Last First Middle Last

Number of Copies Requested: _____ Birth No.(if known) _____ Local Registration No.(if known) _____

- Purpose for which
- | | | |
|---|---|---|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Working papers | <input type="checkbox"/> Welfare Assistance |
| <input type="checkbox"/> Social Security-Retirement | <input type="checkbox"/> School Entrance | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Social Security-SSI | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Court Proceeding |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Marriage License | <input type="checkbox"/> Entrance into Armed Forces |
| <input type="checkbox"/> Employment | | |
| <input type="checkbox"/> Other (Specify) _____ | | |

APPLICANT INFORMATION:

NAME _____
First Middle Last

If attorney, give name and relationship to your client to person whose record is required.

Email Address: _____

What is your relationship to person whose record is required?

(name of client) (relationship)

Self Parent Other, specify _____

Telephone No. _____

Signature of Applicant _____ Date _____

Address of Applicant _____

City _____ State _____ Zip Code _____

Did you:

- Complete and Sign the Application
- Include Required Copy of Valid Photo ID
- Include \$10 Fee per copy – cash, check or money order
- By mail - include a stamped self-addressed envelope

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID:

Driver's License

State _____ No. _____

Other ID, specify _____

No. _____