BIRTH CERTIFICATES

The Riverhead Town Clerk's Office maintains birth records for individuals born in the Town of Riverhead from 1881 through present.

- The only individuals eligible to obtain a birth certificate include:
- The person named on the certificate
- A parent of the person named on the birth certificate is always entitled to a child's birth certificate (requesting parent's name must be on birth certificate).
- A person who has court-ordered legal custody/guardianship, a copy of the court order must accompany the request.
- An individual who has notarized authorization (and proper identification) from the person named on the certificate (if 18 years of age or older) or either parent listed on the record. If the applicant has notarized authorization to obtain the record on behalf of an eligible individual, the original notarized statement must accompany the request or the statement may be faxed directly to the Town Clerk's Office at (631) 208-4034.

Identification Requirements: Applications must be submitted with a copy of one of the following forms of valid photo ID:

- Driver's license
- DMV issued non-driver photo ID card
- Passport
- US Military ID

If the applicant's name on the ID differs from the information on the birth certificate, a copy of the applicant's marriage certificate, legal name change paperwork, citizenship papers or naturalization papers must accompany the request.

Fee: $10.00 per certified copy requested. Payment should be made by money order payable to "Riverhead Town Clerk" and mailed to:

Diane Wilhelm
Riverhead Town Clerk
200 Howell Ave.
Riverhead, NY 11901

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name (First / Middle / Last)	Date of Birth (M M D D Y Y Y Y)
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)

- ☐ Passport
- ☐ Social Security-Retirement
- ☐ Social Security-SSI
- ☐ Retirement
- ☐ Employment
- ☐ Working Papers
- ☐ School Entrance
- ☐ Driver's License
- ☐ Marriage License
- ☐ Welfare Assistance
- ☐ Veteran's Benefits
- ☐ Court Proceeding
- ☐ Entrance into Armed Forces
- ☐ Other (Specify) _____

APPLICANT INFORMATION

NAME (FIRST / MIDDLE / LAST)

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. (___) ___-____

Social Security No. ___-__-____

Signature of Applicant — Date (MM DD YY)

Address of Applicant

Street

City / State / Zip Code

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

(name of client) (relationship)

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

TYPE OF ID

☐ Driver's License

State ____ No. _____

☐ Other ID, specify _____

No. _____