

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**

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name First Middle Last	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	
Place of Birth <small>Hospital (If not hospital, give street & number)</small>	(Village, Town or City)	County
Father First Middle Last	Maiden Name First Middle Last of Mother	
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"/> 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

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. _____

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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**

Fee: Payable by CASH or MONEY ORDER - \$10.00 per certified copy or No Record Certification		
Identification Requirements: Application <i>must</i> 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- <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • Employment ID 	B. Two (2) of the following showing the applicant's name and address: <ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months 	
Name of Deceased:		Social Security No. of Deceased:
<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Death or Period to be Covered by Search: (mm/dd/yyyy)		Date of Birth of Deceased:
<i>From</i>	<i>To</i>	<i>mm / dd / yyyy</i>
Maiden Name of Mother of Deceased:		Death Certificate No.: (If known)
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>
Name of Father of Deceased:		Local Registration No.: (If known)
<i>First</i>	<i>Middle</i>	<i>Last</i>
Place of Death:		
<i>Name of Hospital or Street Address</i>		<i>Village, town or city</i>
		<i>County</i>
Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)		
Copies requested with confidential cause of death _____	Copies requested without confidential cause of death _____	Total number of copies requested _____
Purpose for which Record is Required:		What is your relationship to person whose 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 Signed:	
	Month	Day
> _____ _____ _____ _____	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
	Type of ID:	
Address of Applicant: _____ _____ _____ _____	<input type="checkbox"/> Driver License	
	Issuing state: _____	
	Expiration date: _____	
	Number: _____	
	<input type="checkbox"/> Other ID, Specify	
	Number: _____	
Type: _____		
Number: _____		
Type: _____		
Telephone No.: () _____		