



TOWN OF HAVERSTRAW
RAQUEL VENTURA
Town Clerk

JACLYN GOMEZ
First Deputy

MARISOL CANCEL
Deputy

Enclosed is the application for a copy of a birth certificate. You must:

- ◆ Fill out the form completely and have it notarized
- ◆ Enclose a copy of your current driver's license/passport
- ◆ If the birth certificate is regarding a child, a parent can obtain a copy until the child is eighteen then the child must apply themselves
- ◆ Enclose a check or money order in the amount of ten (10) dollars per copy made payable to "Haverstraw Town Clerk"
- ◆ Write your phone number on the check or money order
- ◆ Mail all the information to: Town of Haverstraw

Town Clerk's Office
1 Rosman Road, Suite 240
Garnerville, NY 10923

As soon as I receive your information I will send you your copy. If you have any questions, please feel free to contact my office. Thank you and have a nice day.

Sincerely,

Raquel Ventura
Town Clerk

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION						
<div style="display: flex; justify-content: space-between;"> First Middle Last </div>			Date of Birth <div style="text-align: center; font-size: small; margin-top: 2px;"> M M D D Y Y Y Y </div>			
Name			Hospital (If not hospital, give street & number)		(Village, Town or City)	
Place of Birth			County			
<div style="display: flex; justify-content: space-between;"> First Middle Last </div>			Maiden Name <div style="display: flex; justify-content: space-between;"> First Middle Last </div>			
Father			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)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Passport</div> <div style="width: 33%;"><input type="checkbox"/> Working Papers</div> <div style="width: 33%;"><input type="checkbox"/> Welfare Assistance</div> <div style="width: 33%;"><input type="checkbox"/> Social Security-Retirement</div> <div style="width: 33%;"><input type="checkbox"/> School Entrance</div> <div style="width: 33%;"><input type="checkbox"/> Veteran's Benefits</div> <div style="width: 33%;"><input type="checkbox"/> Social Security-SSI</div> <div style="width: 33%;"><input type="checkbox"/> Driver's License</div> <div style="width: 33%;"><input type="checkbox"/> Court Proceeding</div> <div style="width: 33%;"><input type="checkbox"/> Retirement</div> <div style="width: 33%;"><input type="checkbox"/> Marriage License</div> <div style="width: 33%;"><input type="checkbox"/> Entrance into Armed Forces</div> <div style="width: 33%;"><input type="checkbox"/> Employment</div> <div style="width: 33%;"><input type="checkbox"/> Other (Specify) _____</div> </div>						
APPLICANT INFORMATION						
NAME			If attorney, give name and relationship of your client to person whose record is required			
<div style="display: flex; justify-content: space-between;"> FIRST MIDDLE LAST </div>			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="border: 1px solid black; height: 20px; width: 100%;"></div>			
Telephone No. (____) _____			(name of client)		(relationship)	
Social Security No. _____			<div style="text-align: center; font-weight: bold; font-size: small;">FOR REGISTRAR'S USE ONLY</div> (Photocopy ID and attach to application form)			
Signature of Applicant			TYPE OF ID			
Date <div style="text-align: center; font-size: small; margin-top: 2px;"> MM DD YY </div>			<input type="checkbox"/> Driver's License			
Address of Applicant			<input type="checkbox"/> State ____ No. _____			
Street _____			<input type="checkbox"/> Other ID, specify _____			
City _____ State _____ Zip Code _____			No. _____			