



TOWN OF HAVERSTRAW
RAQUEL VENTURA
Town Clerk

MARISOL CANCEL
First Deputy

APRIL COBB
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
Raquel Ventura
Town Clerk

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 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)	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> Working Papers</td> <td><input type="checkbox"/> Welfare Assistance</td> </tr> <tr> <td><input type="checkbox"/> Social Security-Retirement</td> <td><input type="checkbox"/> School Entrance</td> <td><input type="checkbox"/> Veteran's Benefits</td> </tr> <tr> <td><input type="checkbox"/> Social Security-SSI</td> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Court Proceeding</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Marriage License</td> <td><input type="checkbox"/> Entrance into Armed Forces</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> <td colspan="2"></td> </tr> </table>		<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) _____		
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APPLICANT INFORMATION

NAME FIRST MIDDLE LAST What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. (____) _____ Social Security No. _____	If attorney, give name and relationship of your client to person whose record is required <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 70%; height: 30px;"></td> <td style="width: 30%; height: 30px;"></td> </tr> </table> (name of client) (relationship)		
Signature of Applicant Date MM DD YY	<h4 style="text-align: center;">FOR REGISTRAR'S USE ONLY</h4> <small>(Photocopy ID and attach to application form)</small> TYPE OF ID <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____		
Address of Applicant Street _____ City _____ State _____ Zip Code _____			