INCORPORATED VILLAGE OF SAG HARBOR

Application for Copy Of Birth Certificate

Required ID must be included with application. Make check or money order payable to Village of Sag Harbor

Enclose $10 per copy or No Record Certification.
Send to:
Village of Sag Harbor
P.O. Box 660
Sag Harbor, N.Y. 11963

Name (as listed on birth certificate):

First *Middle* *Last*

Date of Birth:

(mm / dd / yyyy)

Town, city or village where birth occurred:

SAG HARBOR, NY

Name of hospital where birth occurred (if known):

Maiden Name of Mother (as listed on birth certificate):

First *Middle* *Last*

Birth Certificate No. (if known):

Father (as listed on birth certificate):

First *Middle* *Last*

Number of Copies Requested:

Purpose for which Record is required (check one):

- ☐ Passport
- ☐ Social Security
- ☐ Retirement
- ☐ Other (*specify*): _____
- ☐ Employment
- ☐ Working Papers
- ☐ School Entrance
- ☐ Drivers License
- ☐ Marriage License
- ☐ Welfare Assistance
- ☐ Veteran's Benefits
- ☐ Court Proceeding
- ☐ Entrance Into Armed Forces

What is your relationship to person whose record is required (if self, state "SELF")?

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

This office requires written authorization of the person/parents whose record is requested.

Signature of applicant:

Date signed:

Address of Applicant:

Name

Street

City *State* *Zip*

Telephone No.:

$10 per copy x copies = $0.00

Please print or type the name and address where record should be sent: *(if delivery is to a P.O. box or third party, you must submit with this application a **notarized** statement signed by the applicant and a copy of the applicant's drivers license)*

Name

Street

City *State* *Zip*