

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	
				LONG BEACH			NASSAU	
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		Working Papers		Welfare Assistance			
	Social Security – Retirement		School Entrance		Veteran's Benefits			
	Social Security – SSI		Driver's License		Court Proceeding			
	Retirement		Marriage License		Entrance Into Armed Forces			
	Employment							
	Other (Specify) _____							

APPLICANT INFORMATION

Name	First	Middle	Last	Address of Applicant				
What is your relationship to person whose record is required?	Self Parent Other, specify _____			Street				
Telephone No. (____) _____ - _____				City		State		Zip Code
Social Security No. _____ - _____ - _____				If Attorney, give name and relationship of your client to person whose record is required				
Signature of Applicant – Signature must be notarized				(name of client)		(relationship)		
Signature _____	Date _____			FOR REGISTRAR'S USE ONLY				
SWORN TO BEFORE ME THIS _____ DAY				TYPE OF ID				
OF _____, 20 _____				<input type="checkbox"/> Driver's License State _____ No. _____				
NOTARY PUBLIC				<input type="checkbox"/> Other ID, specify _____ No. _____				

AFFIX NOTARY
STAMP HERE ▾

BE SURE YOUR APPLICATION INCLUDES THE FOLLOWING:

- A completed application form, including a notarized signature.
Incomplete applications will be rejected!
- A clear copy of your valid driver's license or non-driver's ID.
Expired licenses are not accepted.
- A check or money order for \$10.00 per copy requested made payable to
"CITY OF LONG BEACH"
- A self addressed, stamped envelope.

PLEASE NOTE:

- If paying by check, applications will be held seven (7) business days.
- If record is not found, a \$10.00 search fee will apply.

SEND YOUR COMPLETED APPLICATION TO:

**CITY OF LONG BEACH
ATTN: CITY CLERK – BIRTH RECORDS
1 WEST CHESTER STREET
LONG BEACH, NY 11561**

QUESTIONS?

By phone: (516) 431-1002

On the web: <http://www.longbeachny.org/cityclerk>