

Pamela D. Panzenbeck
Mayor



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CITY OF GLEN COVE

City Hall, 9 Glen Street, Glen Cove, NY 11542

How to Obtain a Birth Certificate by Mail

A Birth Certificate can only be issued to the person if over 18 years old and their parents.

Complete the attached application:

- Sign the application and include your daytime telephone number.

If you are requesting this birth certificate for DUAL CITIZENSHIP.

Please indicate the purpose for which record is required – Other (specify) that you are requesting the LONG FORM for dual citizenship.

Send the following documents with the application:

Copy of your valid driver's license or non-Driver's I.D. Card or Passport (if sending a copy of your passport you must include a current utility bill showing your name and current address).

If you now have a married name – different from the name on your birth certificate – Send a copy of your marriage certificate.

Money Order for \$10.00 per copy – Payable to the City of Glen Cove (if you are ordering 2 copies, send a \$20 money order, etc.)

Self-Addressed Stamped Envelope – The address on this envelope must match the address on your license. If it does not match, send a current utility bill showing your name and current address.

We cannot mail to a P.O. Box. If your address is a PO Box # - and you want the document sent to it. [**Include a notarized signed statement that this P.O. Box is the address you would like it mailed to.**]

Mail to the address listed above – Attention: City Clerk

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

First Middle Last Name			Date of Birth <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>											M	M	D	D	Y	Y	Y	Y
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															
First Middle Last Father			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? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. () -		If attorney, give name and relationship of your client to person whose record is required <table border="1"> <tr> <td></td> <td></td> </tr> </table> (name of client) (relationship)																	
Signature of Applicant Date <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM</td><td>DD</td><td>YY</td><td>YY</td><td colspan="4"></td> </tr> </table>										MM	DD	YY	YY					FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID <input type="checkbox"/> Driver's License State ____ No. ____ <input type="checkbox"/> Other ID, specify _____ No. _____	
MM	DD	YY	YY																
Address of Applicant Street City State Zip Code																			