



TOWN OF ISLIP – ATTN: REGISTRAR'S OFFICE  
OFFICE OF THE TOWN CLERK  
655 Main St., Islip NY 11751  
[townclerk@islipny.gov](mailto:townclerk@islipny.gov)  
631-224-5490

**OLGA H. MURRAY**  
TOWN CLERK & REGISTRAR OF VITAL STATISTICS

## Information on How to Obtain a Birth Certificate

FEE: \$10.00 PER COPY

### A certified copy or transcript may be issued only to:

- The parents of the person named on the birth certificate.
- The person named on the birth certificate (only if 18 years of age or older).
- A person with a New York State Court Order.
- Lawful representative of the person named.

### Acceptable Identification

- State issued drivers or non-drivers license.
- Military ID card.
- Passport.
- Police report, issued immediately preceding the application showing the requestor's name and address.
- Two current utility bills issued immediately preceding the application and, showing the requestor's name and address.
- In the event that the applicant's last name on the identification differs from the information on the certificate, a copy of the applicant's birth certificate, marriage certificate, and legal name changes paperwork must accompany.
- If the applicant has a notarized authorization to obtain the record on behalf of an eligible individual, an original notarized statement authorizing such, and ID from the eligible individual must accompany the request.

**Fee:** \$10.00 per certified copy requested in cash, certified check, or money order made payable to "Town of Islip".

**In-Person Request:** The request may be accepted from a qualified applicant if the following conditions are satisfied:

**Mail Request:** A qualified applicant can complete a "**Copy of Birth Record**" application and mail to the above address. An application can be downloaded at <http://www.islipny.gov/departments/town-clerk>, or obtained at the Registrar's Office, 655 Main Street, Islip, or by submitting a letter that provided the following information:

- The applicant provides the name, date of birth, and place of birth of the named on the birth certificate. The father's first and last names and mother's first and maiden names of the person named on the birth certificate.
- The applicant provides his/her current name and address along with their relationship to the person named on the birth certificate.
- The request must be signed by the applicant.
- A copy of an acceptable for of I.D. (see above).
- \$10.00 **money order or certified check** for each mailed request.



TOWN OF ISLIP – ATTN: REGISTRAR’S OFFICE  
 OFFICE OF THE TOWN CLERK  
 655 Main St., Islip NY 11751  
[townclerk@islipny.gov](mailto:townclerk@islipny.gov)  
 631-224-5490

**OLGA H. MURRAY**  
 TOWN CLERK & REGISTRAR OF VITAL STATISTICS

**Local Registrar’s Application for Copy of Birth Record**

**Required ID must be included with application. Make money order or check payable to the Town of Islip.**

Acknowledgement of Paternity \_\_\_\_\_ copies: No Charge                      Birth Certificate \_\_\_\_\_ copies: \$10 each

Name: (as listed on Birth Certificate)  <i>First                      Middle                      Last</i>	Date of Birth:  <i>(mm/dd/yyyy)</i>
--	---

Town, City or Village where birth occurred:	Name of Hospital where birth occurred:
---	--

Father: (as listed on Birth Certificate)  <i>First                      Middle                      Last</i>	Mother: (as listed on Birth Certificate)  <i>First                      Middle                      Last</i>
--	--

Purpose for which record is being requested:

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Social Security	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran’s Benefits	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Retirement	<input type="checkbox"/> Driver’s License	<input type="checkbox"/> Court Proceedings	
<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage License		

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.**

Address of Applicant:  _____ <i>(Name)</i>  _____ <i>(Street)</i>  _____ <i>(City)</i> <i>(State/Zip)</i>  _____ <i>(Telephone Number)</i>	Please print or type name and address where records should be sent: <i>(If delivery is to a P.O. Box or third party, you must submit with this application, a <b>notarized</b> statement signed by the applicant and a copy of the applicant’s Driver’s License.)</i>  _____ <i>(Name)</i>  _____ <i>(Street)</i>  _____ <i>(City)</i> <i>(State/Zip)</i>
--	--

Signature of Applicant:  ➤ _____  Date: _____ <i>(mm/dd/yyyy)</i>	<b>Registrar use only:</b>  <input type="checkbox"/> Receipt # _____ <input type="checkbox"/> No Record <input type="checkbox"/> Cash <input type="checkbox"/> Mo# _____ <input type="checkbox"/> Check # _____
--	---