



CITY OF GLEN COVE

City Hall
9 Glen Street
Glen Cove, NY 11542-4106

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-Drivers 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

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 Hospital (If not hospital, give street & number)	(Village, Town or City)	County
Father First Middle Last	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. (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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: 80%; height: 30px;"></td> <td style="width: 20%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table>			(name of client)	(relationship)
(name of client)	(relationship)				
Signature of Applicant <div style="text-align: right; margin-right: 100px;"> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YY YY </div>	<h3 style="text-align: center;">FOR REGISTRAR'S USE ONLY</h3> (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. _____				
Address of Applicant Street _____ City _____ State _____ Zip Code _____					

(OVER)