

ANDREW P. RAI, TOWN CLERK - TOWN OF HUNTINGTON  
100 MAIN ST., HUNTINGTON NY 11743-6991

(631) 351-3206; FAX (631) 351-3205  
araia@huntingtonny.gov

**MAIL/CREDIT CARD APPLICATION FOR CERTIFICATION OF BIRTH, DEATH AND/OR MARRIAGE**  
**(See second page for telephone/telefax requests with use of Credit Card ONLY)**

**FEE: \$10.00 ea. check or money order made payable to ANDREW P. RAI, TOWN CLERK. You will be charged a \$20.00 penalty in addition to the appropriate document fee for any check returned unpaid. NO-RECORD CERTIFICATION:** Will be issued at a fee of \$10.00 if, upon searching, the desired record cannot be located. **No Fee for birth or death record needed for Kindergarten school entrance, employment certification (working papers) or for purposes of public relief or government compensation or VA benefits.**

PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED, RETURN ENVELOPE WITH **PHOTOCOPY OF ACCEPTABLE \*IDENTIFICATION (Driver License, Non-driver ID, Passport, Naturalization Papers, Military ID, Employer's Photo ID, Two current utility bills showing applicant's name and address, Police Report of Lost or Stolen ID). Individuals who have had a name change must provide documents to link all names.**

.....  
**\*BIRTH CERTIFICATE:** Issued only to person named on record if 18 years or older, parent, or other lawful representative and to no one else except by court order.

Full Name of Person at Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Purpose for which record is required: \_\_\_\_\_ No. of copies: \_\_\_\_\_

Relationship to person on record requested: \_\_\_\_\_

.....  
**\*DEATH CERTIFICATE:** Issued to spouse, children, siblings or parents of deceased or other lawful representative with medical or legal documentation.

Name of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

No. of photocopies requested **with** \_\_\_\_\_ **AND/OR** **without** \_\_\_\_\_ confidential cause of death

Purpose for which record is required: \_\_\_\_\_ Relationship to person on record requested: \_\_\_\_\_

.....  
**\*MARRIAGE CERTIFICATE:** By law, marriage records issued only to bride, groom or by court order.

Spouse's Full Name (Birth or other) \_\_\_\_\_

Spouse's Full Name (Birth or other) at time of application for license \_\_\_\_\_

Date and Location of Marriage \_\_\_\_\_

Purpose for which record is required: \_\_\_\_\_ No. of copies: \_\_\_\_\_

.....  
**I HEREBY STATE THAT THE INFORMATION SUPPLIED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT THE SIGNATURE ON THIS APPLICATION IS MY OWN.**

DATE: \_\_\_\_\_ PRINTED NAME OF APPLICANT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

PHONE #: \_\_\_\_\_ ADDRESS OF APPLICANT \_\_\_\_\_

.....  
**OFFICE USE ONLY:**

**ID Provided:** \_\_\_\_\_ **Vital Rec. Form No.** \_\_\_\_\_ **Receipt No.** \_\_\_\_\_ **Clerk ID** \_\_\_\_\_

\*\*\*\*\*

**VITAL CHECK NETWORK, INC. CREDIT CARD TRANSACTIONS OVER THE TELEPHONE/TELEFAX**

**DISCLAIMER:** There is an **additional \$7.00 processing fee** charged by VitalChek Network, Inc. for a credit card transaction that will appear on your credit card account statement; charges for Federal Express delivery will also be reflected and paid by the credit card company directly to the VitalChek Network, Inc. These charges **are not** received by the Town of Huntington.

.....

**VISA, MASTERCARD, DISCOVER  
OR AMERICAN EXPRESS CARD NO.:** \_\_\_\_\_

**EXPIRATION DATE ON CARD:** \_\_\_\_\_

**ACCOUNT MEMBER'S NAME ON CARD:** \_\_\_\_\_

**\*\*MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAYTIME TELEPHONE NO.:** \_\_\_\_\_

*Please indicate below how you wish your record to be returned to you:*

REGULAR MAIL

UPS (Add'l fee): \$15.50 (Next Day Air Saver, Business days only)

**If UPS please indicate**    **Signature required** \_\_\_\_\_    **No Signature Required** \_\_\_\_\_

**\*\*UPS CANNOT DELIVER TO P. O. BOXES OR P. O. ZIP CODES**

.....

**\*\*\*NOTE TO CLERK: recite disclaimer to applicant for telephone transaction and initial here** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**AUTHORIZATION NO.:** \_\_\_\_\_ **DATE OF TRANSACTION:** \_\_\_\_\_

**DATE MAILED:** \_\_\_\_\_ **BY WHOM:** \_\_\_\_\_