ANDREW P. RAIA, TOWN CLERK - TOWN OF HUNTINGTON **(631) 351-3206; FAX (631) 351-3205**
100 MAIN ST., HUNTINGTON NY 11743-6991 **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. RAIA, 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 certain purposes of public relief, government compensation or VA death benefits.**
PLEASE ENCLOSE A **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), either parent listed on the record, or their lawful representative. All other applicants must present a certified court order granting them access to the record.

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 Certified Copies Requested:_____

Your Relationship to Person on the Record _____

***DEATH CERTIFICATE**: Issued to the spouse, domestic partner, children, siblings, and parents of the deceased or other representative demonstrating a documented medical or legal need for the record.
Name of Deceased_____Date of Death_____

No. of Certified Copies requested **with** _____ **AND/OR** **without** _____ Confidential Cause of Death

Purpose for Which Record is Required: _____ Your Relationship to Person on the Record: _____

***MARRIAGE CERTIFICATE**: Marriage records are issued only to the bride, groom, their lawful representative, or an individual demonstrating a documented judicial or other proper purpose.

Your Full Name at Time of Marriage _____

Your Spouse's Full Name at Time of Marriage _____

Date of Marriage_____

Purpose for which record is required: _____ No. of Certified Copies Requested:_____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE, 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 UPS 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: _____

TCVR REV. 01/24