

**JO-ANN RAI, TOWN CLERK
TOWN OF HUNTINGTON
100 MAIN ST., HUNTINGTON NY 11743-6991
(631) 351-3206; FAX (631) 351-3205**

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 JO-ANN 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.

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.***

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***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: _____

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***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: _____

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***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: _____

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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 _____

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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 \$5.00 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.

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

EXPIRATION DATE ON CARD: _____

ACCOUNT MEMBER'S NAME ON CARD: _____

****MAILING ADDRESS:** _____

DAYTIME TELEPHONE NO.: _____
(If a problem arises with processing this transaction or we are unable to locate your record, this office will call you COLLECT.)

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)

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

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****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:** _____

NO. ASSIGNED BY UPS:

Standard Overnight _____ Priority I _____ Saturday _____