

Mail-in Application for Copy of Birth Certificate

Do not use this application if the birth did not occur in the Incorporated Village of Floral Park

Required ID documents must be sent with this application. Also enclose a check or money order payable to the Inc Village of Floral Park. Include notarized statement (if required). Be sure to sign the form.

Certified copy processing by mail:	Enclose \$30 per copy.
Send to: Inc. Village of Floral Park Attn: Registrar One Floral Boulevard Floral Park, NY 11001	
Name: (as listed on birth certificate) First Middle Last	Date of Birth: mm / dd /yyyy
Town, City or Village Where Birth Occurred:	Birth Certificate Number: (If known)
Name of Hospital Where Birth Occurred: (If known)	Local Registration Number: (If known)
Birth/Pre-marriage Name of Mother/Parent: (As listed on Birth Certificate) First Middle Last	
Father/Parent: (As listed on Birth Certificate) First Middle Last	
Reason for Requesting the Record: (Check one)	
<input type="checkbox"/> Passport <input type="checkbox"/> Employment <input type="checkbox"/> Driver's License <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Social Security <input type="checkbox"/> Working Papers <input type="checkbox"/> Marriage License <input type="checkbox"/> Court Proceeding _____	
<input type="checkbox"/> Retirement <input type="checkbox"/> School Entrance <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Entrance into Armed Forces _____	
<input type="checkbox"/> Copy of Certificate of Birth Data for Foreign-born, Adopted Child. Specify Country: _____ Certificate "A" Number (If known) _____	
What is your relationship to person whose record is required? (If self, state "Self".)	
If you are an attorney, give name and relationship of your client to person whose record is required:	
The person/parent requesting information MUST complete and sign the box below.	
Applicant Name Print	Certified Copy: \$30.00 x _____ Copies = \$ _____
Signature Date Signed mm / dd /yyyy	Name and address where record should be sent. (If delivery is to a P.O. Box, or to a third party, you must enclose: a notarized statement signed by the applicant AND a copy of the applicant's driver's license.)
Address Street	Name Print
City State Zip	Address Street
Telephone Number: ()	City State Zip