



TOWN OF HAVERSTRAW
RAQUEL VENTURA
Town Clerk

MARISOL CANCEL
First Deputy

APRIL COBB
Deputy

Enclosed is the application for a copy of a birth certificate. You must:

- ◆ Fill out the form completely and have it notarized
- ◆ Enclose a copy of your current driver's license/passport
- ◆ If the birth certificate is regarding a child, a parent can obtain a copy until the child is eighteen then the child must apply themselves
- ◆ Enclose a check or money order in the amount of ten (10) dollars per copy made payable to "Haverstraw Town Clerk"
- ◆ Write your phone number on the check or money order
- ◆ Mail all the information to: Town of Haverstraw

Town Clerk's Office
1 Rosman Road, Suite 240
Garnerville, NY 10923

As soon as I receive your information I will send you your copy. If you have any questions, please feel free to contact my office. Thank you and have a nice day.

Sincerely,

Raquel Ventura
Town Clerk

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION									
First Middle Last Name				Date of Birth M M D D Y Y Y Y					
Place of Birth Hospital (If not hospital, give street & number)				(Village, Town or City)				County	
First Middle Last Father				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) ☐ Passport ☐ Social Security-Retirement ☐ Social Security-SSI ☐ Retirement ☐ Employment ☐ Other (Specify) _____ ☐ Working Papers ☐ School Entrance ☐ Driver's License ☐ Marriage License ☐ Welfare Assistance ☐ Veteran's Benefits ☐ Court Proceeding ☐ Entrance into Armed Forces									
APPLICANT INFORMATION									
NAME FIRST MIDDLE LAST				If attorney, give name and relationship of your client to person whose record is required (name of client) (relationship)					
What is your relationship to person whose record is required? ☐ Self ☐ Parent ☐ Other, specify _____									
Telephone No. ()				FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) TYPE OF ID ☐ Driver's License State _____ No. _____ ☐ Other ID, specify _____ No. _____					
Social Security No.									
Signature of Applicant Date MM DD YY									
Address of Applicant Street _____ City _____ State _____ Zip Code _____									