



Town of Islip

Olga H. Murray
Town Clerk and Registrar of Vital Statistics
655 Main St., Islip NY 11751

Application for Copy of Birth Record

A certified copy or transcript may be issued only to:

- The parents of the person named on the birth certificate
- The person named on the birth certificate (only if 18 years of age or older)
- A person with a New York State Court Order
- Lawful representative of the person named

Do not use this application for genealogy requests

Acceptable Identification

- State Issued Driver license or State Issued Non-Driver Photo-ID Card
- Military ID
- Passport
- Police report, issued immediately preceding the application showing requestor's name and address
- 2 current utility bills issued immediately preceding the application showing requestor's name and address
- If the applicant has a notarized authorization to obtain the record on behalf of an eligible individual, an original notarized statement authorizing such, and ID from the eligible individual must accompany the request

The fee is \$10.00 per copy , A Credit or Debit Card is required to submit this request

All information is processed thru the secure payment portal; you will be emailed a receipt

Note: a 2.99% credit card convenience fee will be added to this transaction at settlement time



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Local Registrar's Application for Copy of Birth Record

All Identification Requirements MUST be submitted with application
All information is processed thru the secure payment portal; you will be emailed a receipt
A Credit or Debit Card is required to submit this request
The fee is \$10.00 per copy (+ 2.99% Credit Card Fee)

Name (as listed on Birth Certificate)

First Middle Last

Date of Birth Month Day Year

Town, City or Village where birth occurred Name of Hospital where birth occurred

Father (as listed on Birth Certificate) Mother (as listed on Birth Certificate)

First Middle Last First Middle Last

Purpose for which record is being requested (check all that apply)
Court Proceedings Driver's License Employment Entrance into Armed Forces
Marriage License Passport Retirement School Entrance
Social Security Veteran's Benefits Welfare Assistance Working Papers
Other (specify) _____

What was your relationship to person whose record is required? (if self, state SELF) _____

If attorney, give name and relationship of your client to person whose record is required _____

This office requires written authorization of the person/parents whose record is requested

Applicant Information
Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____
Email Address of Applicant _____

Mailing Address (Where should records be sent)
NOTE: IF P.O. Box or Third Party, application must include a notarized statement, signed by applicant and include a copy of applicant's driver's License
Name _____
Address _____
City _____ State _____ Zip Code _____

Birth Record _____ copies (@\$10 each) = _____ Total copies @ \$10 each =
Estimated Total Including 2.99% Convenience Fee =

I understand and agree that a 2.99% credit card convenience fee will be added at transaction settlement time

Applicant Signature _____ Date _____