



TOWN OF ISLIP – ATTN: REGISTRAR'S OFFICE  
 OFFICE OF THE TOWN CLERK  
 655 Main St., Islip NY 11751  
 townclerk@islipny.gov  
 631-224-5498

LINDA D. VAVRICKA  
 TOWN CLERK & REGISTRAR OF VITAL STATISTICS

### Local Registrar's Application for Copy of Birth Record

<b>Required ID must be included with application. Make money order or check payable to the Town of Islip. No out of state checks accepted. No debit or credit cards accepted.</b>	
Acknowledgement of Paternity _____ copies: No Charge                      Birth Certificate _____ copies: \$10 each	
Name: (as listed on Birth Certificate) _____ Date of Birth: _____	
<i>First</i> <i>Middle</i> <i>Last</i> <i>(mm/dd/yyyy)</i>	
Town, City or Village where birth occurred: _____	Name of Hospital where birth occurred: _____
Father's Name: _____	Mother's Name: (Maiden name) _____
What is 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: _____
<b>Please complete applicants information below</b>	
Applicant's information: _____	If requesting by mail please print or type name and address where records should be sent: _____
_____ (Name)	_____ (Name)
_____ (Street)	_____ (Street)
_____ (City)                      (State/Zip)	_____ (City)                      (State/Zip)
_____ (Telephone Number)	
Signature of Applicant: _____	<b>Registrar use only:</b>
➤ _____	
Date: _____ (mm/dd/yyyy)	<input type="checkbox"/> Receipt # _____
	<input type="checkbox"/> No Record _____
	<input type="checkbox"/> Cash _____
	<input type="checkbox"/> Mo# _____
	<input type="checkbox"/> Check # _____