Print Form

CERTIFIED TRANSCRIPT OF BIRTH APPLICATION

IDENTIFICATION IS REQUIRED

TOWN OF SMITHTOWN
Vincent Puleo, Town Clerk

****NO PERSONAL CHECKS ACCEPTED****
$10.00 PER TRANSCRIPT

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CERTIFICATE INFORMATION

NAME: _____
First Middle Last

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____
First Middle Last

MOTHER'S MAIDEN NAME: _____
First Middle Last

Purpose for which certificate is required: (Please check one)

Passport **Social Security** **Retirement** **Employment** **School Entrance**
****Kindergarten** **Driver's License** **Marriage License** ****Welfare Assistance**
****Veteran's Benefits** **Court Proceedings**
Entrance into Armed Forces **Other (Specify)** _____

****No fee required, must present proof of necessity.**

APPLICANT INFORMATION

RELATIONSHIP TO PERSON WHOSE RECORD IS BEING REQUESTED:
Self **Parent** **Other, specify** _____

Telephone Number: _____

_____ _____
PRINT NAME SIGNATURE

_____
ADDRESS

_____

FOR OFFICE USE ONLY

☐ **Driver's License/ Non-Driver ID: State** _____ **ID#** _____

☐ **Other ID:** _____

☐ **Supporting Documents:** _____

Copies Requested: _____ **Registration #** _____ **Bar Code** _____

Payment: **Cash** **Debit** **Credit** **Money Order**

Amount Paid: _____ **Date:** _____

10-2011