



# Town of Mamaroneck

Town Center

740 West Boston Post Road, Mamaroneck, NY 10543-3353

OFFICE OF THE TOWN CLERK

TEL: 914/381-7870

FAX: 914/381-7813

[townclerk@townofmamaroneck.org](mailto:townclerk@townofmamaroneck.org)

To Whom It May Concern:

Copies of vital records for those who were born, died or obtained their marriage license in Town of Mamaroneck are on file with the Town Clerk. Birth records can be issued to the person named if 18 or older, parents of the person named, or their lawful representative. Marriage records can be issued to the bride or groom or their lawful representative. Death certificates may be issued to current spouse, parent or child of the deceased or their lawful representative.

**Please note we are not permitted to give phone verification of Vital Records.**

In order to initiate a search and or obtain a copy of Vital Record a completed and signed request form must be submitted by mail (no fax requests) to the Town Clerk's Office along with a copy of the following proof of identification:

- Driver license
- State issued non-driver photo-ID card
- Passport
- U.S. Military issued photo-ID

Please include payment in the amount of \$10.00 per copy for a certified copy or copies for all Vital Record requests. We do accept credit cards, please complete the information below. All applications should be mailed to the Town Clerk at 740 W Boston Post Road, Mamaroneck, NY 10543. Enclosed is the form that must be completed and returned to our office.

Please call our office if we can be of further assistance.

Christina Battalia  
Town Clerk

## CREDIT CARD INFORMATION

\_\_\_\_\_  
NAME ON CREDIT CARD

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
3 DIGIT SECURITY CODE

(Located on the back of card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CREDIT CARD BILLING ZIP CODE

\_\_\_\_\_  
EXPIRATION

# Application to Local Registrar for Copy of Birth Record

## CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YYYY
Place of Birth <small>Hospital (If not hospital, give street &amp; number)</small>			(Village, Town or City)		County
Father			Maiden Name of Mother		
First	Middle	Last	First	Middle	Last

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
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Purpose for Which Record is Required (Check One)

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

## APPLICANT INFORMATION

NAME

FIRST MIDDLE LAST

What is your relationship to person whose record is required?

Self  Parent  Other, specify \_\_\_\_\_

Telephone No. ( ) - - - - -

Social Security No. - - - - -

Signature of Applicant

Date

MM DD YY

Address of Applicant

Street

City State Zip Code

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

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(name of client) (relationship)

**FOR REGISTRAR'S USE ONLY**  
(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License  
State \_\_\_\_\_ No. \_\_\_\_\_

Other ID, specify \_\_\_\_\_  
No. \_\_\_\_\_