

Village of Larchmont

Birth Certificate Request Form

Office of the Village Clerk * 120 Larchmont Avenue * Larchmont, New York 10538
(914) 834-6230, press 1



Name: *(First, Middle, Last)* _____

Date of Birth: _____ Place of Birth: *(Address, if known)* _____

Father: *(First, Middle, Last)* _____

Mother's Maiden Name: *(First, Middle, Last)* _____

Number of copies requested: _____ (Fee: \$10.00 per certificate)

Purpose for which record is required: *(check one)*

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

APPLICANT INFORMATION

Name: *(First, Middle, Last)* _____

Telephone number: _____

What is your relationship to person whose record is required? *(check one)*

(Please note that New York State only allows birth records to be issued to the child, parent, or grandparent of the child.)

Self Parent Other *(specify)* _____

Signature of Applicant: _____ Date: _____

Address of Applicant: *(Street, City, State, Zip Code)* _____

To be Completed by Notary Public

Sworn to before me this _____ day of _____, 20____

Signature of Notary Public _____

Notary Seal/Stamp: