

The Rhinebeck Town Clerk's office can provide a **certified raised-seal copy*** of your or your child's birth certificate,** either in person or by mail.

We require **four things**:

- A completed copy of the attached **form**
- Your government-issued **photo ID** with your signature (driver's license or passport preferred) (a copy will do for mail-ins)
- A **check for \$10** per copy ordered to "Town of Rhinebeck"
- A stamped **return envelope** (not required for in-person requests)

Mail requests to the below address, which is also the same place for walk-ins; **please include your phone number** on mail-ins, so we can contact you if necessary:

Registrar of Vital Statistics
Town of Rhinebeck
80 East Market Street
Rhinebeck, NY 12572

Thank you.

The Fine Print

*The raised-seal certified copy is all we issue, and it is all you need for official purposes, such as driver's licenses and passports. We will not provide plain paper copies. And of course we don't give you the original—think about it for a minute.

**A birth certificate can be issued to the following individuals or entities who present the required documentation or a copy thereof:

- the person whose birth certificate it is (photo ID required); or
- the person whose name appears on the birth certificate as a parent (photo ID required)(Note that father's names often do not appear, especially if the mother and father were not married. In such cases we can neither confirm nor deny to the putative father that the birth record even exists.); or
- any person by order of a court of competent jurisdiction (relevant court order required); or
- the lawful representative of any person described above (attorney letterhead, or power of attorney or similar authorization required); or
- a municipal, state or federal agency for official purposes (the request should be accompanied by a letter on agency letterhead; the \$10 fee is waived for social services agencies)

CERTIFICATE INFORMATION

Name			Date of Birth		
First	Middle	Last	MM	DD	YY
Place of Birth Hospital (If not hospital, give street & number)			(Village, Town or City)		County
NDH			RHINEBECK		DUTCHESS
Father			Maiden Name of Mother		
First	Middle	Last	First	Middle	Last

Number of Copies Requested

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		If attorney, give name and relationship of your client to person whose record is required
FIRST	MIDDLE	
What is your relationship to person whose record is required?		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____		
Telephone No. () - - - - -		(name of client) (relationship)

Signature of Applicant		Date		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
		MM	DD		
Address of Applicant		TYPE OF ID		<input type="checkbox"/> Driver's License State _____ No. _____	
Street		<input type="checkbox"/> Other ID, specify _____		No. _____	
City		State		Zip Code	