NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Application to Local Registrar for Copy of Birth Record

Fee: $15 per copy

Identification Requirements: Application *must* be submitted with copies of either A *or* B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

A. One (1) of the following forms of valid **photo-ID**:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID

-OR-

B. Two (2) of the following showing the applicant's name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: *(as listed on birth certificate)*

First *Middle* *Last*

Date of Birth: *(mm / dd / yyyy)*

Town, city or village where birth occurred:

Name of hospital where birth occurred: *(If known)*

Maiden Name of Mother: *(as listed on birth certificate)*

First *Middle* *Maiden Last*

Local Registration No.: *(If known)*

Father: *(as listed on birth certificate)*

First *Middle* *Last*

Number of Copies Requested:

Purpose for which Record is Required: *(Check one)*

- ☐ Passport
- ☐ Social Security
- ☐ Retirement
- ☐ Employment
- ☐ Working Papers
- ☐ School entrance
- ☐ Driver license
- ☐ Marriage license
- ☐ Welfare assistance
- ☐ Veteran's benefits
- ☐ Court proceeding
- ☐ Entrance into Armed Forces
- ☐ Other *(specify)*

If request is not from child/parents named on the requested certificate, notarized authorization is required.

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:

Signature of Applicant:

➢

Date Signed: Month Day Year

Last 4 Digits of Credit Card:

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*

Telephone No.: ( )

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

Type of ID:

☐ Driver License

Issuing state: _____

Expiration date: _____

Number: _____

☐ Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____