NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

Name	First	Middle	Last	Date of Birth							
				M	M	D	D	Y	Y	Y	Y

Place of Birth	Hospital (If not hospital, give street & number)	(Village, Town or City)	County

Father	First	Middle	Last	Maiden Name of Mother	First	Middle	Last

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known

Purpose for Which Record is Required (Check One)

☐ Passport
☐ Social Security-Retirement
☐ Social Security-SSI
☐ Retirement
☐ Employment
☐ Other (Specify) _____

☐ Working Papers
☐ School Entrance
☐ Driver's License
☐ Marriage License

☐ Welfare Assistance
☐ Veteran's Benefits
☐ Court Proceeding
☐ Entrance into Armed Forces

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. |__|__|__|-|__|__|-|__|__|__|__|

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

(name of client)	(relationship)

Signature of Applicant	Date
	|__|__| |__|__| |__|__|
	MM DD YY

Address of Applicant

_____
Street

_____
City   State   Zip Code

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

TYPE OF ID

☐ Driver's License

State _____ No. _____

☐ Other ID, specify

_____

No. _____

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license

2. Non-driver's license

3. Passport

4. Naturalization Papers

5. Military ID

6. Employer's Photo ID

7. Two utility bills, showing applicant's name and address

8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED