

Application to Local Registrar for Copy of Birth Record

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

CERTIFICATE INFORMATION

Name First Middle Last		Date of Birth M M M M M M D D D D D D Y Y Y Y Y Y	
Place of Birth Hospital (if not hospital, give street & number)		(Village, Town or City)	
Father First Middle Last		Maiden Name First Middle Last of Mother	
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
 Veteran's Benefits
 Court Proceeding
 Marriage License
 Entrance into Armed Forces

APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		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. (____) _____-_____ Social Security No. _____-_____-_____		Signature of Applicant Date MM DD YY	
Address of Applicant Street City State Zip Code		TYPE OF ID Driver's License <input type="checkbox"/> State No. _____ Other ID, specify _____ No. _____ (Photocopy ID and attach to application form)	
If attorney, give name and relationship of your client to person whose record is required		(name of client) (relationship)	

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