

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Birth Record**

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

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

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: <i>(as listed on birth certificate)</i>			Date of Birth:
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>(mm / dd / yyyy)</i>

Town, city or village where birth occurred:	Name of hospital where birth occurred: <i>(If known)</i>
---	--

Maiden Name of Mother: <i>(as listed on birth certificate)</i>			Local Registration No.: <i>(If known)</i>
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	

Father: <i>(as listed on birth certificate)</i>			Number of Copies Requested:
<i>First</i>	<i>Middle</i>	<i>Last</i>	

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

<input type="checkbox"/> Passport	<input type="checkbox"/> Employment	<input type="checkbox"/> Driver license	<input type="checkbox"/> Veteran's benefits
<input type="checkbox"/> Social Security	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Marriage license	<input type="checkbox"/> Court proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> School entrance	<input type="checkbox"/> Welfare assistance	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Other <i>(specify)</i>			

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? <i>(If self, state "SELF".)</i>	If attorney, give name and relationship of your client to person whose record is required:
---	--

Signature of Applicant:	Date Signed: Month Day Year
Address of Applicant:	
<i>(Applicant's Name)</i>	
<i>(Street)</i>	
<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
Telephone No.: ()	

FOR REGISTRAR'S USE ONLY

(Do not fill out this section unless you are applying for a copy)

Type of ID: _____

Driver License

Issuing state: _____

Expiration date: _____

Number: _____

Other ID: *Specify* _____

Number: _____

Type: _____

Number: _____

Type: _____