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

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. | | | - | | - | | | |

Signature of Applicant   Date
MM DD YY

Address of Applicant

Street

City   State   Zip Code

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

(name of client)	(relationship)

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

TYPE OF ID

☐ Driver's License

State _____ No. _____

☐ Other ID, specify

No. _____

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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