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
- ☐ Working Papers
- ☐ School Entrance
- ☐ Driver's License
- ☐ Marriage License
- ☐ Welfare Assistance
- ☐ Veteran's Benefits
- ☐ Court Proceeding
- ☐ Entrance into Armed Forces
- ☐ Other (Specify) _____

APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST)

What is your relationship to person whose record is required?

☐ Self ☐ Parent ☐ Other, specify _____

Telephone No. (___) ___-____

[redacted]

Signature of Applicant — Date (MM DD YY)

Address of Applicant

Street

City State Zip Code

State of _____

County of _____

This is to acknowledge that on this _____ day of _____, 20_____, before me,

personally came _____ to me known to be the individual described in, and who executed, the foregoing instrument, and acknowledged that he/she executed the same as a free and voluntary act and deed for the uses and purposes therein mentioned.

_____
Notary Public

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