NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: $10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name (First, Middle, Last)		Date of Birth or Period Covered by Search
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 Desired	Enter Birth No. if Known	Enter Local Registration No. if known

Purpose for Which Record is Required Check One

- ☐ Passport
- ☐ Social Security
- ☐ Retirement
- ☐ Employment
- ☐ Working Papers
- ☐ School Entrance
- ☐ Driver's License
- ☐ Marriage License
- ☐ Welfare Assistance
- ☐ Veteran's Benefits
- ☐ Court Proceeding
- ☐ Entrance Into Armed Forces
- ☐ Other (specify) _____

What is your relationship to person whose record is required? If self, state "self"	If attorney, give name and relationship of your client to person whose record is required

This office requires written authorization of the person/parents whose record is requested before a search is processed.

Signature of Applicant	Date
Address of Applicant	Please print name and address where record should be sent.

NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Application to Local Registrar for Copy of Death 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 of Deceased: *First* *Middle* *Last*

Social Security No. of Deceased:

Date of Death or Period to be Covered by Search: *(mm/dd/yyyy)* *From* *To*

Date of Birth of Deceased: *mm / dd / yyyy*

Age at Death:

Maiden Name of Mother of Deceased: *First* *Middle* *Maiden Last*

Death Certificate No.: *(If known)*

Name of Father of Deceased: *First* *Middle* *Last*

Local Registration No.: *(If known)*

Place of Death: *Name of Hospital or Street Address* *Village, town or city* *County*

Number of Copies Requested: *(For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)*

Copies requested **with** confidential cause of death _____

Copies requested **without** confidential cause of death _____

Total number of copies requested _____

Purpose for which Record is Required:

What is your relationship to person whose record is required?

In what capacity are you acting?

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

If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.

Signature of Applicant: ➢

Date Signed: Month | Day | Year

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*

Telephone No.: ( )

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

Type of ID:

☐ Driver License

Issuing state: _____

Expiration date: _____

Number: _____

☐ Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____