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
- ☐ 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. _____