NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar For Copy of Birth Record

First Middle Last Name	Date of Birth M M D D Y Y Y Y
Hospital (if not hospital, give street & number) Place of Birth	Village, Town or City / County
First Middle Last Father's Name	Mother's Maiden Name 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) _____

First Middle Last Name	If attorney, give name and relationship of your client to person whose record is required Name of Client / Relationship
What is your relationship to person whose record is required? __ Self __ Parent __ Other, specify _____ Telephone No. (___) ___-____ Social Security No. ___-___-____	**FOR REGISTRAR'S USE ONLY** TYPE OF ID (Photocopy ID and attach to application form) __ Driver's License State ____ No. _____ __ Other ID, specify _____ No. _____
Signature of Applicant / Date (M M D D Y Y)	
Address of Applicant Street City State Zip Code	

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 DOH-296A (11/94)